



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 39687		2. Exact name of the Corporation Heritage Liquors Inc.		
3. Principal office address 529 Reservoir Avenue		City Cranston	State RI	Zip 02910
4. Business Phone No. (401) 467-4700		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Operating a liquor store				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>				
President Name Deborah J. Marley		Vice-President Name None		
Street Address 529 Reservoir Avenue		Street Address		
City Cranston	State RI	Zip 02910	City	State
Secretary Name Deborah J. Marley		Treasurer Name Deborah J. Marley		
Street Address 529 Reservoir Avenue		Street Address 529 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>				
Director Name N/A		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State

9. SHARES AUTHORIZED		10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	Common	No par value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date
 Check No.
 By
 FOR SECRETARY OF STATE USE ONLY

FILED
 MAR 28 2014
 21146

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Deborah J. Marley 2/24/14
 Signature of Authorized Representative Date
Deborah J. Marley
 Print or Type Name of Authorized Representative