



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. 298499		2. Exact name of the Corporation Scituate Beverage, Inc.			
3. Principal office address 30 Hartford Pike			City Scituate	State RI	Zip 02857
4. Business Phone No. (401) 934-1880		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Liquor Store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kimberly Angell			Vice-President Name Donna Viens		
Street Address 30 Hartford Pike			Street Address 30 Hartford Pike		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Secretary Name Kimberly Angell			Treasurer Name Donna Viens		
Street Address 30 Hartford Pike			Street Address 30 Hartford Pike		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kimberly Angell			Director Name Donna Viens		
Street Address 30 Hartford Pike			Street Address 30 Hartford Pike		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input 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		NO PAR VALUE

RECEIVED STATE SECRETARY OF STATE CORPORATIONS DIV
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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.

FILED

File Date _____

Check No. **MAR 28 2014**

BY: *Kimberly Angell*

FOR SECRETARY OF STATE USE ONLY

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.

Kimberly Angell 2/26/14
 Signature of Authorized Representative Date

Kimberly Angell/President

Print or Type Name of Authorized Representative