



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. 140622		2. Exact name of the Corporation PRESTON-LAYNE & PARTNERS, INC.			
3. Principal office address 43 KING ST		City EAST GREENWICH	State RI	Zip 02818	
4. Business Phone No. 800 251 0359		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island CONSULTING FOR THE ADULT BEVERAGE BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name VAN POTS			Vice-President Name N/A		
Street Address 43 KING ST			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name N/A			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			500		\$1.00

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

MAY 29 2014

BY C3327622

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.

Signature of Authorized Representative

29 May 2014

Date

Print or Type Name of Authorized Representative