**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

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

**Filing Period:** June 1 - June 30 • **This report must be typed or printed legibly.**
**Filing Fee:** $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

| | |
|---|---|
| 1. Entity ID No.<br>**137518** | 2. Exact name of the Corporation<br>**United Independent Liquor Retailers Association of Rhode Island, Inc.** |
| 3. State of Incorporation<br>**Rhode Island** | 4. Brief description of the character of business conducted in Rhode Island<br>**To promote and represent the common business interest of and improve business conditions among members of the independent retail liquor industry.** |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| **321 South Main Street, Suite 301** | **Providence** | **RI** | **02903** |

**6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | | | Vice-President Name | | |
|---|---|---|---|---|---|
| **Elliott N. Fishbein** | | | **Ronald McGreen** | | |
| Street Address<br>**179 Newport Avenue** | | | Street Address<br>**1086 Willett Avenue** | | |
| City<br>**Rumford** | State<br>**RI** | Zip<br>**02916** | City<br>**East Providence** | State<br>**RI** | Zip<br>**02915** |
| Secretary Name<br>**Jane E. Costanza** | | | Treasurer Name<br>**Thomas F. Saccocia** | | |
| Street Address<br>**667 Kingstown Road** | | | Street Address<br>**2069 Smith Street** | | |
| City<br>**Wakefield** | State<br>**RI** | Zip<br>**02879** | City<br>**North Providence** | State<br>**RI** | Zip<br>**02911** |

**7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| **Elliott N. Fishbein** | | | **Ronald McGreen** | | |
| Street Address<br>**179 Newport Avenue** | | | Street Address<br>**1086 Willett Avenue** | | |
| City<br>**Rumford** | State<br>**RI** | Zip<br>**02916** | City<br>**East Providence** | State<br>**RI** | Zip<br>**02915** |
| Director Name<br>**Jane E. Costanza** | | | Director Name<br>**Thomas F. Saccocia** | | |
| Street Address<br>**667 Kingstown Road** | | | Street Address<br>**2069 Smith Street** | | |
| City<br>**Wakefield** | State<br>**RI** | Zip<br>**02879** | City<br>**North Providence** | State<br>**RI** | Zip<br>**02911** |

**8. REGISTERED AGENT IN RHODE ISLAND**

**This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.**

*This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee*

**File Date** _____
**Check No** _____
**By:** _____
**FOR SECRETARY OF STATE USE ONLY**

**FILED**
JUL 0 8 2014
BY 1129

**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 Officer or Authorized Representative — Date 7/2/14

**Jane E. Costanza**
Print or Type Name of Officer or Authorized Representative

**Form No. 631**
**Revised: 04/2014**

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