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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 2015

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.	2. Exact name of the Corporation
10107	E.B. Thomsen, Inc.

3. Principal office address	City	State	Zip
141 Narragansett Park Drive	East Providence	RI	02916

4. Business Phone No.	5. State of Incorporation
431-2190	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Buy and sell wholesale and retail beverage and food to restaurants

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CORPORATIONS DIV

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

President Name	Street Address	City	State	Zip
Edgar B. Thomsen, Jr.	141 Narragansett Park Drive	East Providence	RI	02916

Vice-President Name	Street Address	City	State	Zip
Mary E. Peterson	141 Narragansett Park Drive	East Providence	RI	02916

Secretary Name	Street Address	City	State	Zip
Susan M. Mirabile	141 Narragansett Park Drive	East Providence	RI	02916

Treasurer Name	Street Address	City	State	Zip
Roberta Hunt	141 Narragansett Park Drive	East Providence	RI	02916

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Edgar B. Thomsen, Jr.	141 Narragansett Park Drive	East Providence	RI	02916

Director Name	Street Address	City	State	Zip
Mary E. Peterson	141 Narragansett Park Drive	East Providence	RI	02916

Director Name	Street Address	City	State	Zip
Susan M. Mirabile	141 Narragansett Park Drive	East Providence	RI	02916

Director Name	Street Address	City	State	Zip
Roberta Hunt	141 Narragansett Park Drive	East Providence	RI	02916

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
123.45	Common	No par

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.

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 — Date: 1/29/15

Susan M. Mirabile
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

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Form No. 630
Revised: 01/2012
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