

1. Entity ID No.

150982

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 _

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

Edgewood Liquors, Inc.

2. Exact name of the Corporation

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

3. Principal office address 1551 Centreville Road			City Warwick	State RI	Zip 02886
4. Business Phone No. 821-3300			5. State of Incorporation RI		
6. Brief description of the char Retail liquor sales	acter of busines	s conducted in Rhode Island			
7. LIST <u>ALL</u> OFFICERS (NA	MES AND ADDF	RESSES) ("X" BOX FOR AT	TACHMENT)		
President Name Geoffrey E. Rousselle			Vice-President Name Roger H. Rousselle		
Street Address 79 Lenox Avenue			Street Address 40 Archer Street		
City West Warwick	State RI	Zip 02893	City Bellingham	State MA	Zip 02019
Secretary Name Geoffrey E. Rousselle			Treasurer Name Geoffrey E. Rousselle		
Street Address 79 Lenox Avenue			Street Address 79 Lenox Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. LIST ALL DIRECTORS (N.	AMES AND ADD	DRESSES) ("X" BOX FOR	ATTACHMENT)		es a service of the s
Director Name Geoffrey E. Rousselle			Director Name Roger H. Rousselle		
Street Address 79 Lenox Avenue			Street Address 40 Archer Street		
City West Warwick	State RI	Zip 02893	City Bellingham	State MA	Zip 02019
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT)
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.			200	Common	No par value
This report must be executed		corporation by an authorize ist be executed on behalf of	the corporation by the re	eceiver or trustee.	
File Date FILED Check No			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.		
By:		FEB 1 9 2015	Signature of Authori	zed Representative	- 2/13/15 Date
FOR SECRETARY OF STATE USE ONLY			Geoffrey E. Rousselle		
Form No. 630 Revised: 01/2012	B		Print or Type Name	of Authorized Representa	itive