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
23179	THE LIQUOR SHOPPE, INC.

3. Principal office address	City	State	Zip
155 Broad Street	Pawtucket	R. I.	02860

4. Business Phone No.	5. State of Incorporation
401-723-2337	Rhode Island

6. Brief description of the character of business conducted in Rhode Island

President Name	Street Address	City	State	Zip
Domenic T. Ferri, Jr.	35 Betty Pond Road	Scituate,	R. I.	02831

Vice-President Name	Street Address	City	State	Zip
Elaine Ferri	1 Deer Run	Scituate	R. I.	02831

Secretary Name	Street Address	City	State	Zip
Elaine Ferri	1 Deer Run	Scituate	R. I.	02831

Treasurer Name	Street Address	City	State	Zip
Domenic T. Ferri, Jr.	35 Betty Pond Road	Scituate	R. I.	02831

Director Name	Street Address	City	State	Zip
Domenic T. Ferri, Jr.	35 Betty Pond Road	Scituate	R. I.	02831

Director Name	Street Address	City	State	Zip
Elaine Ferri	1 Deer Run	Scituate	R. I.	02831

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES

2000 NO 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.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	COMMON	WITHOUT

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

FEB 25 2015

BY 2498

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 , Pres. Feb 25 15
Date

Domenic Ferri, Jr.
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012