

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

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2015

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 Fat Barrel Inc. 823570 Zip **02905** 3. Principal office address State 905 Narragansett Boulevard **Providence** RI5. State of Incorporation 4. Business Phone No. Rhode Island 6. Brief description of the character of business conducted in Rhode Island **Liquor Store** 7. LIST <u>ALL O</u>FFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) [] Vice-President Name President Name Vinny Albano Street Address Street Address 104 School Street City State Zip City State Zip 02824 Forestdale RI Treasurer Name Secretary Name John Wilson f/k/a Baitiyar Yakut Vinny Albano Street Address Street Address 91 Metropolitan Road 104 School Street State State Zip 02908 02908 RI Forestdale RI Providence 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name Street Address Street Address State City State Zip Zip Director Name Director Name Street Address Street Address City State State Zip 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUMBER OF SHARES CLASS/SERIES PAR VALUE This information is currently of record in the Office of the Secretary 100 common .01 par value of State. Changes require an additional filing. See Section 9 of instruction sheet.

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	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.		
Check No	FILED	Mry.	02.06.15
By: appression and a second and a second	,	Signature of Authorized Representative	Date
FOR SECRETARY OF STATE USE ONLY		John Wilson, Secretary	
	MAR 2 6 2015 Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012