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 2015

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.	2. Exact name of the Corporation
137518	United Independent Liquor Retailers Association of Rhode Island, Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	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	Street Address
179 Newport Avenue	1086 Willett Avenue
City / State / Zip	City / State / Zip
Rumford / RI / 02916	East Providence / RI / 02915
Secretary Name	Treasurer Name
Jane E. Costanza	Thomas F. Saccocia
Street Address	Street Address
667 Kingstown Road	2069 Smith Street
City / State / Zip	City / State / Zip
Wakefield / RI / 02879	North Providence / RI / 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	Street Address
179 Newport Avenue	1086 Willett Avenue
City / State / Zip	City / State / Zip
Rumford / RI / 02916	East Providence / RI / 02915
Director Name	Director Name
Jane E. Costanza	Thomas F. Saccocia
Street Address	Street Address
667 Kingstown Road	2069 Smith Street
City / State / Zip	City / State / Zip
Wakefield / RI / 02879	North Providence / RI / 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

FILED
MAY 18 2015

File Date _____
Check No _____
By: _____ **BY** 1135

FOR SECRETARY OF STATE USE ONLY

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.

Jane E Costanza 5/6/15
Signature of Officer or Authorized Representative — Date

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

Form No. 631
Revised: 04/2014
120985-10-1034507