



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. 137518		2. Exact name of the Corporation United Independent Liquor Retailers Association of Rhode Island, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in 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 321 South Main Street, Suite 301		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Elliott N. Fishbein		Vice-President Name Ronald McGreen			
Street Address 179 Newport Avenue		Street Address 1086 Willett Avenue			
City Rumford	State RI	Zip 02916	City East Providence	State RI	Zip 02915
Secretary Name Jane E. Costanza		Treasurer Name Thomas F. Saccocia			
Street Address 667 Kingstown Road		Street Address 2069 Smith Street			
City Wakefield	State RI	Zip 02879	City North Providence	State RI	Zip 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 Elliott N. Fishbein		Director Name Ronald McGreen			
Street Address 179 Newport Avenue		Street Address 1086 Willett Avenue			
City Rumford	State RI	Zip 02916	City East Providence	State RI	Zip 02915
Director Name Jane E. Costanza		Director Name Thomas F. Saccocia			
Street Address 667 Kingstown Road		Street Address 2069 Smith Street			
City Wakefield	State RI	Zip 02879	City North Providence	State RI	Zip 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: _____

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.

Signature of Officer or Authorized Representative

Date

Jane E. Costanza

Print or Type Name of Officer or Authorized Representative