



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. 15405		2. Exact name of the Corporation Patsy's Package Store, Inc.			
3. Principal office address 520 High Street			City Peacedale	State RI	Zip 02883
4. Business Phone No. 401-783-5043		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Retail Alcoholic Beverage Store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gary Dinonsie			Vice-President Name Janice Dinonsie		
Street Address 524 High Street			Street Address 524 High Street		
City Peacedale	State RI	Zip 02883	City Peacedale	State RI	Zip 02883
Secretary Name Gary Dinonsie			Treasurer Name Janice Dinonsie		
Street Address 524 High Street			Street Address 524 High Street		
City Peacedale	State RI	Zip 02883	City Peacedale	State RI	Zip 02883
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gary Dinonsie			Director Name Janice Dinonsie		
Street Address 524 High Street			Street Address 524 High Street		
City Peacedale	State RI	Zip 02883	City Peacedale	State RI	Zip 02883
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			200	Common	\$1.00 Par Val

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY _____

FILED

JUN 01 2015

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] *6/24/15*
 Signature of Authorized Representative Date

Gary Dinonsie

Print or Type Name of Authorized Representative