



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 2014

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. <u>000272101</u>		2. Exact name of the Corporation <u>BERKSHIRE BREWING COMPANY INC</u>		
3. Principal office address <u>6 SPUCHY DRIVE</u>		City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>
4. Business Phone No. <u>413-6605-6600</u>		5. State of Incorporation <u>MA</u>		
6. Brief description of the character of business conducted in Rhode Island <u>WHOLESALE OF BEER</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
President Name <u>GARY A. BOGOFF</u>		Vice-President Name <u>CHRISTOPHER T. LALLI</u>		
Street Address <u>84 HOOSAC ROAD</u>		Street Address <u>10 LORD TERRACE</u>		
City <u>SOUTH DEERFIELD</u>	State <u>MA</u>	Zip <u>01373</u>	City <u>CHICOPEE</u>	State <u>MA</u>
Secretary Name <u>HENRY DETERING</u>		Treasurer Name		
Street Address <u>1259 EWING ROAD</u>		Street Address		
City <u>COCHRANVILLE</u>	State <u>PA</u>	Zip <u>19330</u>	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
Director Name <u>CHRIS MCINERNEY</u>		Director Name <u>PETER STEFANYSZYN</u>		
Street Address <u>MEMORIAL DRIVE</u>		Street Address <u>66 ALDRICH</u>		
City <u>DEERFIELD</u>	State <u>MA</u>	Zip <u>01342</u>	City <u>BELCHERTOWN</u>	State <u>MA</u>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
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
		<u>14,745</u>	<u>CWP</u>	<u>\$0.10 SHARE</u>

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.

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.

File Date _____

Check No. _____

By: 91:6 HV S-NAC 9102
FOR SECRETARY OF STATE USE ONLY

JUN 05 2015

Signature of Authorized Representative

Date

WIP 6/2/15
BILL PETE, CFO

Print or Type Name of Authorized Representative