



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 111300		2. Name of Corporation BREWERS WHOLESAL SUPPLY, INC.			
3. Street Address Principal Business Office 312 Connell Highway			City Newport	State RI	Zip 02840
4. Business Phone No. 401-662-7662		5. State of Incorporation RHODE ISLAND		6. SIC Code 2659	
7. Brief Description of the Character of Business Conducted in Rhode Island SALE AND DISTRIBUTION OF BREWING SUPPLIES TO MICRO-BREWERIES, BREWPUBS AND OTHER RETAIL END USERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name J. William Crisp			Vice President Name Gertrude-Mercer Crisp		
Street Address 32 Ayrault St.			Street Address 32 Ayrault St.		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J. William Crisp			Director Name Gertrude-Mercer Crisp		
Street Address 32 Ayrault St.			Street Address 32 Ayrault St.		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
3,000 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
2,000		common	0		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date 2/19/04
Check No. 8468
By: SC

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 J. William Crisp Date 10 FEB 04
Print or Type Name of Officer
President
Title of Officer