



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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2015

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>509705</b>		2. Exact name of the limited liability company <b>Red's Discount Liquors LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Liquor Store</b>			
5. Principal office address <b>2103 Warwick Ave Warwick</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>Catherine Calapai</b>		Contact Title <b>Business Manager</b>			
Street Address <b>2103 Warwick Ave</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b> (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Manager Name <b>Catherine Calapai</b>		Manager Name <b>Paul Smith</b>			
Street Address <b>2103 Warwick Ave</b>		Street Address <b>618 Main Street 3-301</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02816</b>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

12:59 pm  
**FILED**  
 NOV 25 2015  
 By 261986  
 KM

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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.

Catherine M. Calapai 11/25/15  
 Signature of Authorized Person Date

Catherine M. Calapai  
 Print or Type Name of Authorized Person