



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 40981		2. Name of Corporation Oaklawn Discount Liquors, Inc.			
3. Street Address Principal Business Office 985 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-943-6411		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island retail liquor store					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. Gasbarro			Vice President Name Kathleen Gasbarro Champagne		
Street Address 44 Briarbrook Lane			Street Address 51 Pleasant Hill Lane		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
Secretary Name Kathleen Gasbarro Champagne			Treasurer Name Robert J. Gasbarro		
Street Address 51 Pleasant Hill Lane			Street Address 44 Briarbrook Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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 100	Class/Series common	Par Value no par
			THIS SECTION MUST BE COMPLETED		

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.

FILED

JAN 22 2016

B3110

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

Date

Robert J. Gasbarro

Print or Type Name

President

Title

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY