



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 2016

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. 518139		2. Exact name of the Corporation 609 Main Street Liquors, Inc.			
3. Principal office address 609 Main Street			City East Greenwich	State RI	Zip 02818
4. Business Phone No. (401) 885-4485		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Retail liquor store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert J. McGreen			Vice-President Name Patricia E. Wegrzyn		
Street Address 43 Beach Park Avenue			Street Address 43 Beach Park Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Patricia E. Wegrzyn			Treasurer Name Robert J. McGreen		
Street Address 43 Beach Park Avenue			Street Address 43 Beach Park Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name n/a			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"/>		
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

This report must be signed 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

File Date **FEB 12 2016**

Check No **OK 22937**

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.

Robert J. McGreen 1-31-16
 Signature of Authorized Representative Date

Robert J. McGreen

Print or Type Name of Authorized Representative