



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. 89330		2. Exact name of the Corporation IDC Rum Runner, Inc.			
3. Principal office address 5 Marina Plaza			City Newport	State RI	Zip 02840
4. Business Phone No. 401-849-6683			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To engage in the business of operating a liquor store.					
President Name Thomas R. Roos			Vice-President Name None		
Street Address P.O. Box 6871			Street Address		
City Incline Village	State NV	Zip 89450	City	State	Zip
Secretary Name Thomas R. Roos			Treasurer Name Thomas R. Roos		
Street Address P.O. Box 6871			Street Address P.O. Box 6871		
City Incline Village	State NV	Zip 89450	City Incline Village	State NV	Zip 89450
Director Name Thomas R. Roos			Director Name		
Street Address P.O. Box 6871			Street Address		
City Incline Village	State NV	Zip 89450	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 1000	CLASS/SERIES CWP	PAR VALUE \$.01

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

MAR 01 2016

CH# 2973

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 Authorized Representative

Date

Print or Type Name of Authorized Representative