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.**

RECEIVED
2016 MAR 29 AM 10:30
SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID No.	2. Exact name of the Corporation		
658137	SAGE CELLARS, INC.		
3. Principal office address: 84 Cutler Street	City: Warren	State: RI	Zip: 02885
4. Business Phone No.: 401-289-2916	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Wholesale Sales of Beer and Wine			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Jesse D. Sgro			Vice-President Name: Anne F. Sage		
Street Address: 240 Third Beach Road			Street Address: 240 Third Beach Road		
City: Middletown	State: RI	Zip: 02842	City: Middletown	State: RI	Zip: 02842
Secretary Name: Jesse D. Sgro			Treasurer Name: Anne F. Sage		
Street Address: 240 Third Beach Road			Street Address: 240 Third Beach Road		
City: Middletown	State: RI	Zip: 02842	City: Middletown	State: RI	Zip: 02842

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Jesse D. Sgro			Director Name: Anne F. Sage		
Street Address: 240 Third Beach Road			Street Address: 240 Third Beach Road		
City: Middletown	State: RI	Zip: 02842	City: Middletown	State: RI	Zip: 02842
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600		.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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 29 2016

By 271149

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: 3/23/16

Jesse D. Sgro
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012