

AMENDED



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85202 2. Name of Corporation CHAMPS DISCOUNT LIQUORS, INC.
3. Street Address Principal Business Office 16 SOUTH MAIN STREET City PASCOAG State RI Zip 02859
4. Business Phone No. 4015683088 5. State of Incorporation RHODE ISLAND 6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL SALES OF BEER, WINE, LIQUOR, LIQUERS, CIGARETTES, ICE, SNACKS AND OTHER MERCHANDISE.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Elizabeth A. Deschamps Street Address 1220 Tarklin Road City Harrisville State RI Zip 02830	Vice President Name Steven Deschamps Street Address 1220 Tarklin Road City Harrisville State RI Zip 02830
Secretary Name Jason Deschamps Street Address 1220 Tarklin Road City Harrisville State RI Zip 02830	Treasurer Name Jason Deschamps Street Address 1220 Tarklin Road City Harrisville State RI Zip 02830

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Elizabeth A. Deschamps Street Address 1220 Tarklin Road City Harrisville State RI Zip 02830	Director Name Denis Deschamps Street Address 1220 Tarklin Road City Harrisville State RI Zip 02830
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
200	Common	NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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85202 DBC 02/24/05 09:51:10 AM

File Date 3/1/05

Check No.

By: [Signature]

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.

Signature of Officer [Signature] Date 2/28/05

Jason Deschamps
Print or Type Name of Officer

Secretary / Treasurer
Title of Officer

Form 630 12/01