



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION

Annual Report for the year: **2018**  
 Corporation

2018 MAR -6 AM 10:59

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>4819</b>		2. Exact name of the Corporation <b>HORIZON BEVERAGE COMPANY OF RHODE ISLAND</b>			
3. Principal Office Address <b>121 HOPKINS HILL ROAD</b>		City <b>WEST GREENWICH</b>		State <b>RI</b>	Zip <b>02817</b>
4. NAICS Code <b>424820</b>		6. Brief description of the character of business conducted in Rhode Island <b>WHOLESALE DISTRIBUTOR OF ALCOHOLIC BEVERAGES IN THE STATE OF RHODE ISLAND</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SEE ATTACHED</b>			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SEE ATTACHED</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1		COMMON	\$01
11. 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.					
<b>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.</b>					
Name of Authorized Representative <i>Michael V Squitieri</i>					Date <i>2/29/18</i>
Signature of Authorized Representative <i>[Signature]</i> Agent					SIGN DOCUMENT HERE <b>FILED</b>

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

MAR 06 2018 *KM*  
 BY 325928



Form No. 630

ID # 4819

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Line 7

**Name and Address of All Officers:**

**President**, Robert L. Epstein, 45 Commerce Way, Norton, MA 02766  
**Treasurer**, James L. Rubenstein, 45 Commerce Way, Norton, MA 02766  
**VP/Secretary**, Michael J. Epstein, 45 Commerce Way, Norton, MA 02766  
**Vice Pres.**, Douglas M. Epstein, 45 Commerce Way, Norton, MA 02766  
**Vice Pres.**, Benjamin C. Rubenstein, 45 Commerce Way, Norton, MA 02766  
**Vice Pres.**, Samuel R. Rubenstein, 45 Commerce Way, Norton, MA 02766

Line 8

**Name and Address of All Directors:**

Robert L. Epstein, 45 Commerce Way, Norton, MA 02766  
James L. Rubenstein, 45 Commerce Way, Norton, MA 02766  
Michael J. Epstein, 45 Commerce Way, Norton, MA 02766  
Douglas M. Epstein, 45 Commerce Way, Norton, MA 02766  
Benjamin C. Rubenstein, 45 Commerce Way, Norton, MA 02766  
Samuel R. Rubenstein, 45 Commerce Way, Norton, MA 02766