



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

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

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION

2018 MAR -6 AM 10:59

1. Entity ID Number 4819		2. Exact name of the Corporation HORIZON BEVERAGE COMPANY OF RHODE ISLAND			
3. Principal Office Address 121 HOPKINS HILL ROAD		City WEST GREENWICH		State RI	Zip 02817
4. NAICS Code 424820		6. Brief description of the character of business conducted in Rhode Island WHOLESALE DISTRIBUTOR OF ALCOHOLIC BEVERAGES IN THE STATE OF RHODE ISLAND			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name SEE ATTACHED			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) Check the box to indicate an attachment ☐					
Director Name SEE ATTACHED			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 Check the box to indicate an attachment ☐			
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. 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.					
Name of Authorized Representative <i>Michael V. Squitieri</i>					Date <i>2/28/18</i>
Signature of Authorized Representative <i>[Signature]</i> Agent					SIGN DOCUMENT HERE FILED

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 *KLM*

BY 325928

FORM 630 - Revised: 10/2017



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