



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. 94307		2. Name of Corporation SALIBA INC.			
3. Street Address Principal Business Office 361 BROADWAY			City PROVIDENCE	State RI	Zip 02909
4. Business Phone No. 401-527-0850		5. State of Incorporation RHODE ISLAND			6. SIC Code 3251
7. Brief Description of the Character of Business Conducted in Rhode Island LIQUOR STORE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SALIBA SALIBA			Vice President Name SALIBA SALIBA		
Street Address 10 QUAKER ROAD			Street Address 10 QUAKER ROAD		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name SALIBA SALIBA			Treasurer Name SALIBA SALIBA		
Street Address 10 QUAKER ROAD			Street Address 10 QUAKER ROAD		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SALIBA SALIBA			Director Name		
Street Address 10 QUAKER ROAD			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
1000 NO PAR VALUE			COMMON		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series		Par Value	
100		COMMON		NO PAR	

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



9 4 3 0 7

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 1-19-05
SALIBA SALIBA
Print or Type Name of Officer
PRESIDENT
Title of Officer

File Date 2-6-05
Check No. 6229
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94307		2. Name of Corporation SALIBA INC			
3. Street Address Principal Business Office 561 BROADWAY			City PROVIDENCE	State RI	Zip 02909
4. Business Phone No. 401-521-0850		5. State of Incorporation RHODE ISLAND			6. SIC Code 3251
7. Brief Description of the Character of Business Conducted in Rhode Island LIQUOR STORE					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) [] FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name SALIBA SALIBA			Vice President Name ROBIN ANN SALIBA		
Street Address 10 QUAKER ROAD			Street Address 10 QUAKER ROAD		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name SALIBA SALIBA			Treasurer Name SALIBA SALIBA		
Street Address 10 QUAKER ROAD			Street Address 10 QUAKER ROAD		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) [] FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name SALIBA SALIBA			Director Name ROBIN ANN SALIBA		
Street Address 10 QUAKER ROAD			Street Address 10 QUAKER ROAD		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) [] [] SHARES ISSUED (X BOX FOR ATTACHMENT) []					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	NO PAR VALUE		100	COMMON	NON PAR

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



File Date 2-10-04
Check No. 5485
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] Date 2-9-04
Signature of Officer
SALIBA SALIBA
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **94307** 2. Name of Corporation **Saliba, Inc.**
3. Street Address Principal Business Office _____ City _____ State _____ Zip _____
4. Business Phone No. **401-521-0850** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**
7. Brief Description of the Character of Business Conducted in Rhode Island

LIQUOR STORE

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

President Name SALIBA SALIBA Street Address 10 QUAKER ROAD City _____ State _____ Zip _____ JOHNSTON RI 02919 Secretary Name	Vice President Name ROBIN ANN SALIBA Street Address 10 QUAKER ROAD City _____ State _____ Zip _____ JOHNSTON RI 02919 Treasurer Name
Street Address ROBIN ANN SALIBA 10 QUAKER ROAD City _____ State _____ Zip _____ JOHNSTON RI 02919	Street Address SALIBA SALIBA 10 QUAKER ROAD City _____ State _____ Zip _____ JOHNSTON RI 02919

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

Director Name SALIBA SALIBA Street Address 10 QUAKER ROAD City _____ State _____ Zip _____ JOHNSTON RI 02919	Director Name ROBIN ANN SALIBA Street Address 10 QUAKER ROAD City _____ State _____ Zip _____ JOHNSTON RI 02919
Street Address SALIBA SALIBA 10 QUAKER ROAD City _____ State _____ Zip _____ JOHNSTON RI 02919	Street Address ROBIN ANN SALIBA 10 QUAKER ROAD City _____ State _____ Zip _____ JOHNSTON RI 02919

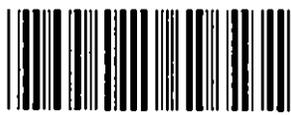
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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		
100	COMMON	NO PAR

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



* 9 4 3 0 7 *

File Date: 2/25/03

Check No.: 4860

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 2-24-03

SALIBA SALIBA
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94307** 2. Name of Corporation **Saliba, Inc.**
3. Street Address Principal Business Office **561 BROADWAY** City **PROVIDENCE** State **RI** Zip **02909**
4. Business Phone No. **401-521-0850** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**
7. Brief Description of the Character of Business Conducted in Rhode Island
LIQUOR STORE

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

President Name SALIBA SALIBA Street Address 10 QUAKER ROAD City State Zip JOHNSTON RI 02919 Secretary Name ROBIN ANN SALIBA Street Address 10 QUAKER ROAD City State Zip JOHNSTON RI 02919	Vice President Name ROBIN ANN SALIBA Street Address 10 QUAKER ROAD City State Zip JOHNSTON RI 02919 Treasurer Name SALIBA SALIBA Street Address 10 QUAKER ROAD City State Zip JOHNSTON RI 02919
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name SALIBA SALIBA Street Address 10 QUAKER ROAD City State Zip JOHNSTON RI 02919	Director Name ROBIN ANN SALIBA Street Address 10 QUAKER ROAD City State Zip JOHNSTON RI 02919
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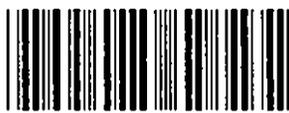
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMMON NO PAR

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



* 9 4 3 0 7 *

File Date: 2.20.02
Check No.: 4180
By: [Signature]

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 2-18-02
SALIBA SALIBA

Print or Type Name of Officer
PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94307** 2. Name of Corporation **Saliba, Inc.**
3. Street Address Principal Business Office **561 Broadway** City **Providence** State **RI** Zip **02909**
4. Business Phone No. **401-521-0850** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0 3251**
7. Brief Description of the Character of Business Conducted in Rhode Island
LIQUOR STORE

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

President Name SALIBA SALIBA	Vice President Name ROBIN ANN SALIBA
Street Address 10 QUAKER ROAD	Street Address 10 QUAKER ROAD
City JOHNSTON State RI Zip 02919	City JOHNSTON State RI Zip 02919
Secretary Name ROBIN ANN SALIBA	Treasurer Name SALIBA SALIBA
Street Address 10 QUAKER ROAD	Street Address 10 QUAKER ROAD
City JOHNSTON State RI Zip 02919	City JOHNSTON State RI Zip 02919

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

Director Name SALIBA SALIBA	Director Name ROBIN ANN SALIBA
Street Address 10 QUAKER ROAD	Street Address 10 QUAKER ROAD
City JOHNSTON State RI Zip 02919	City JOHNSTON State RI Zip 02919

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	common	no par

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



* 9 4 3 0 7 *

2/26

File Date: _____

3460

Check No.: _____

By: _____

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] 2-23-01
Signature of Officer Date

SALIBA SALIBA

Print or Type Name of Officer

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94307** 2. Name of Corporation **Saliba, Inc.**
3. Street Address Principal Business Office **561 BROADWAY** City **PROVIDENCE** State **RI** Zip **02909**
4. Business Phone No. **401-521-0850** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**
7. Brief Description of the Character of Business Conducted in Rhode Island
LIQUOR STORE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
President Name **SALIBA SALIBA** Vice President Name **ROBIN ANN SALIBA**
Street Address **10 QUAKER ROAD** Street Address **10 QUAKER ROAD**
City **JOHNSTON** State **RI** Zip **02919** City **JOHNSTON** State **RI** Zip **02919**

Secretary Name **ROBIN ANN SALIBA** Treasurer Name **SALBIA SALIBA**
Street Address **10 QUAKER ROAD** Street Address **10 QUAKER ROAD**
City **JOHNSTON** State **RI** Zip **02919** City **JOHNSTON** State **RI** Zip **02919**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
Director Name **SALIBA SALIBA** Director Name **ROBIN ANN SALIBA**
Street Address **10 QUAKER ROAD** Street Address **10 QUAKER ROAD**
City **JOHNSTON** State **RI** Zip **02919** City **JOHNSTON** State **RI** Zip **02919**

Director Name _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES ISSUED SHARES
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value
1,000 NO PAR VALUE **100** **NO PAR**

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



File Date: 2-17-00
Check No.: 2737
By: AMF

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: 2-15-00
SALIBA SALIBA
Print or Type Name of Officer
PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94307		2. Name of Corporation Saliba, Inc.			
3. Street Address Principal Business Office 561 BROADWAY			City PROVIDENCE	State RI	Zip 02909
4. Business Phone No. 401-521-0850		5. State of Incorporation RHODE ISLAND			6. SIC Code 3251
7. Brief Description of the Character of Business Conducted in Rhode Island LIQUOR STORE					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SALIBA SALIBA			Vice President Name SALIBA SALIBA		
Street Address 10 QUAKER ROAD			Street Address 10 QUAKER ROAD		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name SALIBA SALIBA			Treasurer Name SALIBA SALIBA		
Street Address 10 QUAKER ROAD			Street Address 10 QUAKER ROAD		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SALIBA SALIBA			Director Name		
Street Address 10 QUAKER ROAD			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100		NO PAR.

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



File Date: Jan 20, 99
1999
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] 1-15-99
Signature of Officer Date
SALIBA SALIBA
Print or Type Name of Officer
PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94307** 2. Name of Corporation **Saliba, Inc.**

3. Street Address Principal Business Office **361 BROADWAY** City **PROVIDENCE** State **RI** Zip **02909**

4. Business Phone No. **401-521-0850** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

LIQUOR STORE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **SALIBA SALIBA**
Street Address **10 QUAKER ROAD**
City **JOHNSTON** State **RI** Zip **02919**

Vice President Name **SALIBA SALIBA**
Street Address **10 QUAKER ROAD**
City **JOHNSTON** State **RI** Zip **02919**

Secretary Name **SALIBA SALIBA**
Street Address **10 QUAKER ROAD**
City **JOHNSTON** State **RI** Zip **02919**

Treasurer Name **SALIBA SALIBA**
Street Address **10 QUAKER ROAD**
City **JOHNSTON** State **RI** Zip **02919**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **SALIBA SALIBA**
Street Address **10 QUAKER ROAD**
City **JOHNSTON** State **RI** Zip **02919**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 No Par

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



File Date: 2/20
Check No.: 1373
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 1-31-98
SALIBA SALIBA
Print or Type Name of Officer
PRESIDENT
Title of Officer