



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 118610		2. Name of Corporation SWEENEY'S PACKAGE STORE, INC.			
3. Street Address Principal Business Office 133 Old Tower Hill Road			City Wakefield	State RI	Zip 02879
4. Business Phone No. 789-0217		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, OR OTHERWISE ACQUIRE, IMPORT, EXPORT, SELL, DISTRIBUTE AND DEAL IN ANY AND ALL KINDS OF ALCOHOLIC AND SPIRITUOUS LIQUORS AND ALL TYPES OF BEVERAGES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael W. Sweeney			Vice President Name		
Street Address 120 River Heights Drive			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Michael W. Sweeney			Treasurer Name Michael W. Sweeney		
Street Address 120 River Heights Drive			Street Address 120 River Heights Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael W. Sweeney			Director Name		
Street Address 120 River Heights Drive			Street Address		
City Wakefield	State RI	Zip 02879	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
100 NO 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



118610

FILED

File Date APR 08 2005
Check No. 2716
By [Signature]
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 of Officer _____ Date _____

Michael W Sweeney
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 118610		2. Name of Corporation SWEENEY'S PACKAGE STORE, INC.			
3. Street Address Principal Business Office 133 Old Tower Hill Road			City Wakefield	State RI	Zip 02879
4. Business Phone No. 789-0217		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, OR OTHERWISE ACQUIRE, IMPORT, EXPORT, SELL, DISTRIBUTE AND DEAL IN ANY AND ALL KINDS OF ALCOHOLIC AND SPIRITUOUS LIQUORS AND ALL TYPES OF BEVERAGES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael W. Sweeney			Vice President Name		
Street Address 120 River Heights Drive			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Michael W. Sweeney			Treasurer Name Michael W. Sweeney		
Street Address 120 River Heights Drive			Street Address 120 River Heights Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael W. Sweeney			Director Name		
Street Address 120 River Heights Drive			Street Address		
City Wakefield	State RI	Zip 02879	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
100 NO 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



* 1 1 8 6 1 0 *

File Date 8/25/04
Check No. 2436
By: DA
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]
Signature of Officer _____ Date _____
Michael W Sweeney
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. 118610 2. Name of Corporation SWEENEY'S PACKAGE STORE, INC.

3. Street Address Principal Business Office 133 Old Tower Hill Road City Wakefield State RI Zip 02879

4. Business Phone No. 789-0217 5. State of Incorporation RHODE ISLAND 6. SIC Code 3251

7. Brief Description of the Character of Business Conducted in Rhode Island Sale of alcoholic beverages and to own and operate a liquor store

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

President Name Michael W. Sweeney Vice President Name
Street Address Street Address
120 River Heights Drive
City State Zip City State Zip
Wakefield RI 02879

Secretary Name Michael W. Sweeney Treasurer Name Michael W. Sweeney
Street Address Street Address
120 River Heights Drive 120 River Heights Drive
City State Zip City State Zip
Wakefield RI 02879 Wakefield RI 02879

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

Director Name Michael W. Sweeney
Street Address Street Address
120 River Heights Drive
City State Zip City State Zip
Wakefield RI 02879

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

AUTHORIZED SHARES	Class/Series	Par Value
100 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



* 1 1 8 6 1 0 *

File Date: **FILED**

Check No.: **MAR 26 2003**

By: **By [Signature] 1681**

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 **3/19/03**

Print or Type Name of Officer **Michael W Sweeney**

Title of Officer **President**



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. *118610*		2. Name of Corporation SWEENEY'S PACKAGE STORE, INC.			
3. Street Address Principal Business Office 133 Old Tower Hill Road			City Wakefield	State RI	Zip 02879
4. Business Phone No. 789-0217		5. State of Incorporation RHODE ISLAND		6. SIC Code 3251	
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, OR OTHERWISE ACQUIRE, IMPORT, EXPORT, SELL, DISTRIBUTE AND DEAL IN ANY AND ALL KINDS OF ALCOHOLIC AND SPIRITUOUS LIQUORS AND ALL TYPES OF BEVERAGES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael W. Sweeney			Vice President Name		
Street Address 120 River Heights Drive			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Michael W. Sweeney			Treasurer Name Michael W. Sweeney		
Street Address 120 River Heights Drive			Street Address 120 River Heights Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael W. Sweeney			Director Name		
Street Address 120 River Heights Drive			Street Address		
City Wakefield	State RI	Zip 02879	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
100	NO 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



118610 DBC7/22/029:54:21 AM

File Date 7-26-02

Check No. 1339

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 7/31/02

Michael W. Sweeney
Print or Type Name of Officer
President
Title of Officer