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

Edward S. Inman, III, Secretary of State

July 16, 2001

L & B Beverage, Inc.
227 North Brow Street
East Providence, RI 02914

Re: **ID 103517**
L & B Beverage, Inc.

Dear Sir or Madam:

Our records indicate that a double payment was accepted and deposited from the above-referenced corporation for the filing of the 2001 Annual Report.

As a result, the corporation is entitled to a refund. Enclosed is an instruction sheet that outlines the procedure to obtain a refund. Also enclosed is the latter of the two annual reports filed, this being the report for which payment is to be refunded and a copy of the annual report that we have retained for record.

If you have any questions regarding the procedure or if we can be of assistance, please contact the undersigned at (401) 222-3040.

Very truly yours,

CORPORATIONS DIVISION

Maureen E. Ewing

Maureen E. Ewing
Assistant to the Director

Enc.

100 North Main Street
Providence
Rhode Island
02903-1355

Corporations/UCC:
401-222-3040
Fax: 401-222-1309

Elections:
401-222-2340
Fax: 401-222-1444

First Stop Business
Information Center:
401-222-2185
Fax: 401-222-3890

Notary/Trademarks:
401-222-1487
Fax: 401-222-3879

www.state.ri.us

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

COPY

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

103517

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 103517
2. Name of Corporation: L & B Beverage, Inc.
3. Street Address Principal Business Office: 227 North Brow Street — City: East Providence — State: RI — Zip: 02914
4. Business Phone No.:
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 0
7. Brief Description of the Character of Business Conducted in Rhode Island: wholesale liquor business

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

President Name: Luis F. Oliveira
Street Address: 100 Howard Street
City: Fall River — State: MA — Zip: 02721

Vice President Name: Mary B. Oliveira
Street Address: 100 Howard Street
City: Fall River — State: MA — Zip: 02721

Secretary Name: Luis F. Oliveira
Street Address: 100 Howard Street
City: Fall River — State: MA — Zip: 02721

Treasurer Name: Luis F. Oliveira
Street Address: 100 Howard Street
City: Fall River — State: MA — Zip: 02721

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

Director Name: Luis F. Oliveira
Street Address: 100 Howard Street
City: Fall River — State: MA — Zip: 02721

Director Name: Mary B. Oliveira
Street Address: 100 Howard Street
City: Fall River — State: MA — Zip: 02721

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
500	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	only one class of shares	no par value

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

[redacted]

103517

File Date: 2/2

Check No.: 1245

By: dc

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: 1/31/2001

Print or Type Name of Officer: Luis F. Oliveira

Title of Officer: President

Form 630 - 12/00