

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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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.

2. Name of Corporation

125221

DELTA WINE & SPIRITS INC

3. Street Address Principal Business Office

1450 Smith Street

City

N. Providence

State

RI

Zip

02911

4. Business Phone No.

401-353-4400

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3251

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

RETAIL SALES OF ALCOHOLIC BEVERAGES AND ASSOCIATED ITEMS

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

President Name

S Gerald Marsocci

Vice President Name

David G Marsocci

Street Address

95 Cricket Circle

Street Address

156 Quaker Lane

City

E Greenwich

State

R I

Zip

02818

City

N. Scituate

State

R I

Zip

02857

Secretary Name

Constance R Marsocci

Treasurer Name

Street Address

Street Address

95 Cricket Circle

City

N. Scituate

State

R I

Zip

02857

City

E Greenwich

State

R I

Zip

02818

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

Director Name

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

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



1 2 5 2 3 1

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] 3/6/05
Signature of Officer Date

GERALD MARSOCCI
Print or Type Name of Officer

President
Title of Officer

FILED
125221 DOC 02 FEB 2006 PM 3:03 PM
File Date
JUL 21 2005
Check No.
By *M 20675*
FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



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. 125231		2. Name of Corporation DELTA WINE & SPIRITS, INC.		
3. Street Address Principal Business Office 45 HUNTING HOUSE LANE		City N. Scituate	State RI	Zip 02857
4. Business Phone No. 401-225-6111		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SALES OF ALCOHOLIC BEVERAGES AND ASSOCIATED ITEMS				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name S. GERALD MARSOCCI		Vice President Name DAVID G. MARSOCCI		
Street Address 45 HUNTING HOUSE LANE		Street Address 156 QUAKER LANE		
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI
Secretary Name CONSTANCE R. MARSOCCI		Treasurer Name		
Street Address 45 HUNTING HOUSE LANE		Street Address		
City N. Scituate	State RI	Zip 02857	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
1,000 NO PAR VALUE			100	Cap. to C
				100.00

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



* 1 2 5 2 3 1 *

File Date 2/13/04
Check No. 1836
By: YFE

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

S. GERALD MARSOCCI

Print or Type Name of Officer

President

Title of Officer



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

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125231

2. Name of Corporation

DELTA WINE & SPIRITS, INC.

3. Street Address Principal Business Office

45 HUNTING HOUSE LANE

City

N. Scituate

State

RI

Zip

02857

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

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

RETAIL SALES OF ALCOHOLIC BEVERAGES + ASSOCIATED ITEMS

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

S. GERALD MARSOCCHI

Vice President Name

DAVID G. MARSOCCHI

Street Address

45 HUNTING HOUSE LANE

Street Address

156 QUAKER LANE

City

State

Zip

02857

City

State

Zip

02857

Secretary Name

CONSTANCE R. MARSOCCHI

Treasurer Name

Street Address

45 HUNTING HOUSE LANE

Street Address

City

State

Zip

02857

City

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Director Name

Director Name

Street Address

Street Address

City

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Zip

City

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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

Class C

\$100

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



* 1 2 5 2 3 1 *

File Date:

4.9.03

Check No.:

1018

By:

ICP

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

S. GERALD MARSOCCHI

Print or Type Name of Officer

Title of Officer

President