

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

Form 630 12/01

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2. Name of Corpo	ration			
DELTA MAK	E P. CDIDITS INC			
ess Office		City	State	Zip
		N. Providence	RI	02911
	5. State of Incorporation	•	•	6. SIC Code
	PHONE ISLAND			. 3251
	ducted in Rhode Island	•		
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•		Street Address		
		156 Ouaker Lane		•
State	Zio · ·	_	State	Zip .
RI	02818	•	RI	02857
•		. Treasurer Name	•	
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	<i>r</i> -	Street Address		• •
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State State	· Zip Zip	City Director Name	State State	Jul 21 Pil 12:08
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State	Zip	City  Director Name  Street Address  City	State	Zip [2] Zip [2] Zip [2] Zip [3] Par Value
	ess Office sicter of Business Cor DHOLIC BEVERS SES OF THE OFI  State R I  State R I	State of Incorporation RHODE ISLAND Inter of Business Conducted in Rhode Island DHOLIC BEVERAGES AND ASSOCIATED SES OF THE OFFICERS ("X" BOX FOR ATT  State Zip R I 02818  State Zip R I 02818	RHODE ISLAND  RECEIVED TO STREET Address  State   Stat	N. Providence RI  S. State of Incorporation  RHODE ISLAND  ACTIVET OF BUSINESS CONDUCTED IN Rhode Island  DEOLIC BEVERAGES AND ASSOCIATED ITEMS  SES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT    FILL I

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements to the part of Officer

The Date

Check No.

By

Print or Type Name of Officer

Form 6:

Form 6:

Title of Officer

Form 6:



State of Rhode Island and Providence Plantations Office of the Secretary of State  $\cdot$ 

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_2004

. Corporate ID No.	2. Name of Corpor	tion					
125231	DELTA WIN	E & SPIRITS, INC.					
. Street Address Principal Bus	stness Office	-	Suy C + +	State Z	Zip 7 5 6 7		
SHUULING HOU	UF LANG	<del></del>	V. Scituate	141	02857		
Business Phone No.	[ ]]]	5. State of Incorporation	•		6. SIC Code		
Hol- 325-	racter of Business Conducted	L RHODE ISLAN	D	<del>.</del>	<u></u>		
• •	•	GES AND ASSOCIATED I	TEMS				
NAMES AND ADDRE	ESSES OF THE OFFICE	RS: ("X" BOX FOR AT	TACHMENT)     FILL IN	SPACES BEFORE USING	G ATTACHMENTS		
resident Name			Vice President Name	///			
J.GERALL	D MARSON	·c/	DAVID (5 MARSOCCI				
HEHILOTIAL	5 HUNTING HOUSE LANE		DAVID G. MARSOCCI Siregi Address QUAKER LANC				
TOTIONIANO .	Sum -	Zip	City and 1	Sum	Zip _		
Scituate	RI	02557	N SouTVATE	RI	02557		
ecretary Name		_	Treusurer Name	· • • • • • • • • • • • • • • • • • • •			
CONSTAND	OF IMA	RSOCC/					
Address	Marca la	ve	Street Address				
T S ZTURVIAUS	HOOSE LAN	Zip	City	State	Zip		
Scituate	RI	02F57	59	<b>V</b>			
. NAMES AND ADDRI	ESSES OF THE DIREC	TORS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL I	N SPACES BEFORE USI	NG ATTACHMENTS		
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ireei Address			Sireei Address				
Sity	State	Zip	City	Sinie	Zip		
•		`   <i>'</i>					
Sirector Name	• • • • • • • • • • • • • • • • • • • •		Director Name	••••••	•••••		
ireet Address			Street Address				
My	State	Zip	City	State	Zip		
*							
0. SHARES AUTHORI	ZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACI	HMENT) 🗀		
UTHORIZED SHARES		<u> </u>	ISSUED SHARES				
umber of Shares	Class/Series	Par Value	Number of Shares	ClusvSeries	Par Value		
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1,000 HO FAR VALUE	<u> </u>		1.00	Olider	100		
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This report mu	st he signed in ink ho	either the President Vice	President, Secretary, Assist	ant Secretary, Treasurer	Receiver or Trustee		
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				erjury I declare and affirm			
	* 1 2 5 2 3	<del>-1</del> 1 *		inparting schedules and sta	atements, and that all state		
211	3/04		contained herein	Million Comment	1 19/9/		
File Date	2197	_		MULLER	en / 1/1		
Check No.	36		Signature of Office	· · · · · · · ·	C Dafe		
Check No.	T. F	-	<u>ש</u> ל. "צ_	RALD MARS	OCC/		
Ву:Т	Y.C.	_ [	Print or Type Name	of Officer 1			
EUD SECDETY DA	OF STATE LISE ON V		( fac.	adoct_			
TUR SEUKEJAKY	OF STATE USE ONLY	1	Title of Officer				



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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK) I. Corporate ID No. 2. Name of Corporation DELTA WINE & SPIRITS, INC. 3. Street Address Principal Business Office **RHODE ISLAND** escription of the Character of Business Conducted in Rhoge Isla bevenaces + Associated Items 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 6. MARSOCCI Street Address City Zip THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address City City State Director Name Director Name Street Address Street Address City City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value 1,000 NO PAR VALUE

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
Çheck No.:	1018
By:	ICP .
FOR SECRETARY O	F STATE USE ONLY

Under penalty of perjury, I diclare and affirm that I h		
this deport, including any accompanying schedules an		its, and
that he statements contained herein are true and corre		
flellawoe	ad	2/0
Signal of Officer Date		
S'LOGEALD MARSOCY		
Print or Tyre Name of Officer		
PRESIDENT		
Title of Officer	Form 630	12/02