



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 OR PRINTED IN BLACK)

Form with sections 1-11 containing corporate information for A&T CASALI LIQUOR, INC. including officers (Thomas Casali, Albert Casali), directors, and share information.

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



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: Albert Casali, Date: 1-3-05

Print or Type Name of Officer: ALBERT CASALI SA

Title of Officer: TREASURER

File Date: 1/4/05, Check No.: 12281, By: W.

FOR SECRETARY OF STATE USE ONLY

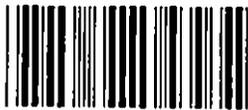


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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

1. Corporate ID No. 3738		2. Name of Corporation A&T CASALI LIQUOR, INC.			
3. Street Address Principal Business Office 1776 B CRANSTON ST			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 943 4882		5. State of Incorporation RHODE ISLAND			6. SIC Code 3251
7. Brief Description of the Character of Business Conducted in Rhode Island LIQUOR					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS CASALI			Vice President Name ALBERT CASALI JR		
Street Address 33 PHENIX RIDGE RD			Street Address 41 LANESPOUR RD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name THOMAS CASALI			Treasurer Name ALBERT CASALI SR		
Street Address 822 SCITUATE AVE			Street Address 66 EAST BELAIR RD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ALBERT CASALI SR			Director Name THOMAS CASALI		
Street Address 66 EAST BELAIR RD			Street Address 33 PHENIX RIDGE RD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
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	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE	COMMON		200		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



\* 3738 \*  
**FILED**

File Date DEC 29 2003  
Check No. 30 M 15560 GWA  
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.

Albert Casali SR 12/26/03  
Signature of Officer Date

ALBERT CASALI  
Print or Type Name of Officer

TREASURER  
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. **3738**  
2. Name of Corporation **A&T CASALI LIQUOR, INC.**  
3. Street Address Principal Business Office  
**1776 CRANSTON ST**  
4. Business Phone No. **401 943 4882**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**RETAIL LIQUOR**

City **CRANSTON** State **RI** Zip **02920**  
6. SIC Code **3251**

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

President Name **THOMAS CASALI**  
Street Address **33 PHENIX RIDGE DR**  
City **CRANSTON** State **RI** Zip **02921**  
Secretary Name **MICHAEL CASALI**  
Street Address **822 SCITUATE AVE**  
City **CRANSTON** State **RI** Zip **02921**

**FILL IN SPACES BEFORE USING ATTACHMENTS**

Vice President Name **ALBERT MICHAEL CASALI JR**  
Street Address **47 LARK SPUR DRIVE**  
City **CRANSTON** State **RI** Zip **02920**  
Treasurer Name **ALBERT CASALI SR**  
Street Address **66 EAST BELAIR RD**  
City **CRANSTON** State **RI** Zip **02920**

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

Director Name **THOMAS CASALI**  
Street Address **33 PHENIX RIDGE DR.**  
City **CRANSTON** State **RI** Zip **02921**  
Director Name **ALBERT CASALI SR**  
Street Address **66 EAST BELAIR RD**  
City **CRANSTON** State **RI** Zip **02920**

**FILL IN SPACES BEFORE USING ATTACHMENTS**

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  
**600 NO PAR VALUE COMMON - 0**

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

ISSUED SHARES **200**  
Number of Shares **200** Class/Series **COMMON** Par Value **0**

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



\* 3 7 3 8 \*

1-9-03

File Date: \_\_\_\_\_

Check No.: **10141**

By: **AC**

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.

**Albert A Casali Sr.** 1/7/03  
Signature of Officer Date

**ALBERT A CASALI SR.**  
Print or Type Name of Officer

**TREASURER**

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. **3738**  
2. Name of Corporation **A&T CASALI LIQUOR, INC.**  
3. Street Address Principal Business Office  
**1776 CRANSTON ST**  
4. Business Phone No. **943 4882**  
5. State of Incorporation **RHODE ISLAND**

City **CRANSTON** State **RI** Zip **02920**  
6. SIC Code **3251**

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

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

President Name **THOMAS CASALI**  
Street Address  
**33 PHENIX RIDGE DRIVE**  
City **CRANSTON** State **RI** Zip **02920**  
Secretary Name **MICHAEL CASALI**  
Street Address  
**222 SCITUATE AVE**  
City **CRANSTON** State **RI** Zip **02920**

Vice President Name **ALBERT CASALI JR**  
Street Address  
**97 LARKSPUR DR**  
City **CRANSTON** State **RI** Zip **02920**  
Treasurer Name **ALBERT CASALI SR**  
Street Address  
**66 E BELAIR RD**  
City **CRANSTON** State **RI** Zip **02920**

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

Director Name **THOMAS CASALI**  
Street Address  
**33 PHENIX RIDGE DR.**  
City **CRANSTON** State **RI** Zip **02920**  
Director Name **ALBERT CASALI SR**  
Street Address  
**66 E BELAIR RD**  
City **CRANSTON** State **RI** Zip **02920**

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
	<b>600 NO PAR VALUE</b>	<b>COMMON</b>	<b>- 0 -</b>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>200</b>	<b>COMMON</b>	<b>- 0 -</b>

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



\* 3 7 3 8 \*

File Date: 12-31-01  
Check No.: 9144  
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: Albert Casali S. Date: 12-28-01  
ALBERT CASALI SR  
Print or Type Name of Officer  
TREASURER  
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. **3738** 2. Name of Corporation **A&T CASALI LIQUOR, INC.**  
 3. Street Address Principal Business Office **1776 B CRANSTON ST CRANSTON RI 02920**  
 4. Business Phone No. **943-4882** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**LIQUOR**

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

President Name <b>THOMAS CASALI</b> Street Address <b>33 PHENIX RIDGE DR</b> City State Zip <b>CRANSTON RI 02920</b>	Vice President Name <b>ALBERT CASALI JR</b> Street Address <b>47 LARKSPUR DR.</b> City State Zip <b>CRANSTON RI 02920</b>
Secretary Name <b>MICHAEL CASALI</b> Street Address <b>822 SCOTVATE AVE</b> City State Zip <b>CRANSTON RI 02921</b>	Treasurer Name <b>ALBERT CASALI SR</b> Street Address <b>66E BELAIR RD</b> City State Zip <b>CRANSTON RI 02920</b>

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

Director Name <b>THOMAS CASALI</b> Street Address <b>33 PHENIX RIDGE RD</b> City State Zip <b>CRANSTON RI 02921</b>	Director Name <b>ALBERT CASALI SR</b> Street Address <b>66E BELAIR RD</b> City State Zip <b>CRANSTON RI 02920</b>
--	--

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>600 SHS</b>	<b>NO PAR VAL</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>200</b>	<b>CO 14 24</b>	<b>- 0 -</b>

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



\* 3 7 3 8 \*

3-12-01

8299

*[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.

Albert Casal Sr 12/23/00  
Signature of Officer Date

ALBERT CASALI SR  
Print or Type Name of Officer

TREASURER  
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. **3738** 2. Name of Corporation **A&T CASALI LIQUOR, INC.**  
 3. Street Address Principal Business Office **1776 B CRANSTON ST** City **CRANSTON** State **RI** Zip **02920**  
 4. Business Phone No. **943-4882** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**  
 7. Brief Description of the Character of Business Conducted in Rhode Island **LIQUOR**

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

President Name <b>THOMAS CASALI</b> Street Address <b>151 BRENTONWOODS DRIVE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	Vice President Name <b>ALBERT CASALI SR</b> Street Address <b>41 LAKSPUR DRIVE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>MICHAEL CASALI</b> Street Address <b>822 SCITUATE AVE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02921</b>	Treasurer Name <b>ALBERT CASALI SR</b> Street Address <b>66 EAST BELAIR RD</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>

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

Director Name <b>THOMAS CASALI</b> Street Address <b>151 BRENTONWOOD DR</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	Director Name  Street Address  City State Zip  
Director Name <b>ALBERT CASALI SR</b> Street Address <b>66 EAST BELAIR RD</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	Director Name  Street Address  City State Zip  

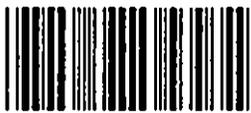
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
 Number of Shares Class/Series Par Value  
**600 SHS NO PAR VAL**

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

ISSUED SHARES  
 Number of Shares Class/Series Par Value  
**200 COMMON NONE**

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



\* 3 7 3 8 \*

File Date: 12-22-99  
 Check No.: 7083  
 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 Albert Casali Sr. Date 12-20-99  
 Print or Type Name of Officer ALBERT CASALI SR  
 Title of Officer TREASURER



**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. <b>3738</b>		2. Name of Corporation <b>A&amp;T CASALI LIQUOR, INC.</b>	
3. Street Address Principal Business Office <b>1776 B CRANSTON ST.</b>		City <b>CRANSTON</b>	State <b>RI</b>
4. Business Phone No. <b>943-4882</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>3251</b>		7. Brief Description of the Character of Business Conducted in Rhode Island <b>LIQUOR</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>THOMAS CASALI</b>		Vice President Name <b>ALBERT CASALI JR</b>	
Street Address <b>151 BRENTWOOD DR.</b>		Street Address <b>LARKSPUR DR</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
Secretary Name <b>MICHAEL CASALI</b>		Treasurer Name <b>ALBERT CASALI JR</b>	
Street Address <b>LENOX RD</b>		Street Address <b>66 E BELAIR RD</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>THOMAS CASALI</b>		Director Name	
Street Address <b>151 BRENTWOOD DR</b>		Street Address	
City <b>CRANSTON</b>	State <b>RI</b>	City	State
Zip <b>02920</b>		Zip	
Director Name <b>ALBERT A CASALI SR</b>		Director Name	
Street Address <b>66 E BELAIR RD</b>		Street Address	
City <b>CRANSTON</b>	State <b>RI</b>	City	State
Zip <b>02920</b>		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>600 SHS NO PAR VAL</b>		<b>220</b>	<b>COMMON</b>
Par Value		Par Value	

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



File Date: 1-1-99  
Check No.: 6031  
By: AMF

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: Albert Casali Sr. Date: 12/29/98  
Print or Type Name of Officer: Treasurer ALBERT CASALI SR  
Title of Officer: Treasurer



**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. **3738**  
2. Name of Corporation **A&T CASALI LIQUOR, INC.**  
3. Street Address Principal Business Office  
**1776 B CRANSTON ST**  
4. Business Phone No. **(401) 943-4882**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**LIQUOR**

City **CRANSTON** State **RI** Zip **02920**  
6. SIC Code **3251**

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

President Name **THOMAS CASALI**  
Street Address  
**151 BRENTINWOOD DR**  
City **CRANSTON** State **RI** Zip **02920**

Vice President Name **ALBERT CASALI JR**  
Street Address  
**41 LARKSPUR RD**  
City **CRANSTON** State **RI** Zip **02920**

Secretary Name **MICHAEL CASALI**  
Street Address  
**60 LENOX RD**  
City **CRANSTON** State **RI** Zip **02920**

Treasurer Name **ALBERT CASALI SR**  
Street Address  
**66 E BELAIR RD**  
City **CRANSTON** State **RI** Zip **02920**

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

Director Name **THOMAS CASALI**  
Street Address  
**151 BRENTINWOOD DR**  
City **CRANSTON** State **RI** Zip **02920**

Director Name  
Street Address  
City State Zip

Director Name **ALBERT CASALI SR**  
Street Address  
**66 E BELAIR RD**  
City **CRANSTON** State **RI** Zip **02920**

Director Name  
Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value

**600 SHS NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value

**210 COMMON NONE**

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



File Date: 1.1.98  
Check No.: 4950  
By: WR

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.

Albert Casali S. 12-20-97  
Signature of Officer Date

ALBERT CASALI SR  
Print or Type Name of Officer

TREAS.  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **3738** 2. Name of Corporation **A&T CASALI LIQUOR, INC.**  
3. Street Address Principal Business Office **1776 B CRANSTON** City **CRANSTON** State **RI** Zip **02920**  
4. Business Phone No. **942-1874** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**

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

**RETAIL LIQUOR**

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

President Name <b>THOMAS CASALI</b> Street Address <b>151 BRENTEN WOODS DR</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	Vice President Name <b>ALBERT CASALI JR</b> Street Address <b>41 LARK SPUR DR</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>MICHAEL CASALI</b> Street Address <b>X60 LENOX RD</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	Treasurer Name <b>ALBERT CASALI SR</b> Street Address <b>66 EAST BELAIR RD</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>

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

Director Name <b>THOMAS CASALI</b> Street Address <b>151 BRENTEN WOODS DR</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	Director Name <b>ALBERT CASALI SR</b> Street Address <b>66 EAST BELAIR RD</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>
--	--

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 SHS NO PAR VAL</b>	<b>COMMON</b>	<b>-0-</b>	<b>200</b>	<b>COM</b>	<b>-0-</b>

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



File Date: 3.20.97  
Check No.: 4154  
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: Albert Casali Jr Date: 1-7-97  
Print or Type Name of Officer: ALBERT CASALI JR  
Title of Officer: TREASURER

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 3738 2. NAME OF CORPORATION A&T CASALI LIQUOR, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1776 CRANSTON ST CRANSTON RI 02920

4. BUSINESS PHONE NO. 9434992 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 3251

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
RETAIL LIQUOR

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME THOMAS CASALI VICE PRESIDENT NAME ALBERTA CASALI SR  
STREET ADDRESS 151 BRENTWOOD DR CRANSTON RI 02920 STREET ADDRESS 41 LARKSPUR RD CRANSTON RI 02920

SECRETARY NAME MICHAEL CASALI TREASURER NAME ALBERT CASALI SR  
STREET ADDRESS 60 LENOX RD CRANSTON RI 02920 STREET ADDRESS 66 E BELAIR RD CRANSTON RI 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME THOMAS CASALI DIRECTOR NAME ALBERTA CASALI SR  
STREET ADDRESS 151 BRENTWOODS DR CRANSTON RI 02920 STREET ADDRESS 66 E BELAIR RD CRANSTON RI 02920

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR VAL	0	220	NO	- 0 -

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date: 7/29/96  
Check No: 3499  
By: *[Signature]*  
For Secretary of State Use Only

*Albert Casali Sr*  
Signature of Officer  
ALBERTA CASALI  
Print or Type Name of Officer  
*Treasurer*  
Title of Officer  
7-29-96  
Date



Office of The Secretary of State  
 100 North Main Street  
 Providence, Rhode Island 02903-1335  
 401-277-3040

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 3738 Annual Report for the year: 1995

Name of Corporation: ADT CASALI DISCOUNT LIQUORS

Business entity organized under the laws of the State of: RI

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

Brief statement of the character of business conducted in Rhode Island:

Phone: (401) 942-1874

RETAIL LIQUOR

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1776 CRANSTON ST  
CRANSTON RI

Phone: (401) 943-4882

THE NAMES OF THE OFFICERS ARE:

RESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
THOMAS CASALI	151 BRENTENWOOD DR	CRANSTON RI	02920
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
ALBERT CASALI JR	411 LARKSPUR RD	" "	" "
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
MICHAEL CASALI	60 LENOX RD	" "	" "
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
ALBERT CASALI SR	60 E BELAIR RD	" "	" "

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
THOMAS CASALI	151 BRENTENWOOD DR	CRANSTON	02920
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
ALBERT CASALI SR	60 E BELAIR RD	CRANSTON	02920
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
600	COMMON	220	PREFERRED

Date: 9-9, 1995

By: Albert G. Paul S. Jean

ALI  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
ALBERT CASALI SR  
 TITLE OF OFFICER SIGNING  
TREAS

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PAID  
 KID 2266  
 SEP 12 1995

SECY OF STATE

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept 1 - Nov 1  
CORP: Jan 1 - March 1

Corporate ID: 0005758 Annual Report for the year: 1994

Name of Business Entity: ART CASALI LIQUOR, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( ) 401-4882

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

THOMAS CASALI  
151 BRENTWOOD DR CRANSTON

Phone: (401) 9446387

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Albert Casali  
66 E. Belair Rd  
Cranston RI

Brief statement of the character of business conducted in Rhode Island:

Liquor

Date of Organization: 6-2-81

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (check One)	<u>THOMAS CASALI</u>	<u>151 BRENTWOOD DRIVE</u>	<u>CRANSTON RI 02920</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (check One)	<u>ALBERT CASALI JR</u>	<u>41 CANNISPOR RD</u>	<u>CRANSTON RI 02920</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (check One)	<u>MICHAEL CASALI</u>	<u>66 LENOX RD</u>	<u>CRANSTON RI 02920</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (check One)	<u>ALBERT CASALI SR</u>	<u>66 EAST BELAIR RD</u>	<u>CRANSTON RI 02920</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>ALBERT CASALI SR</u>	<u>66 EAST BELAIR RD</u>	<u>CRANSTON</u>	<u>02920</u>
<u>THOMAS CASALI</u>	<u>151 BRENTWOOD DR</u>	<u>CRANSTON</u>	<u>02920</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600

CLASS A

SERIES

PAR VALUE OR WITHOUT PAR - 0 -

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 220

CLASS A

SERIES

PAR VALUE OR WITHOUT PAR - 0 -

Date 2-1 1994

By: Albert A. Casali Jr

ALBERT A. CASALI JR  
NAME OF OFFICER SIGNING

TREASURER  
TITLE OF OFFICER SIGNING

Form 37 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

ALBERT A. CASALI  
66 EAST BELAIR RD  
CRANSTON RI 02920

FILED  
FEB 14 1994  
BY: RENE LK 4138

Filing Fee \$50.00

*3102 STATE* To be filed annually between January 1st and March 1st ✓

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0000738 Annual Report for the year 1993

FIRST: The name of the corporation is A&T CASALI LIQUOR, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is LIQUOR

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1776 B. CRANSTON ST CRANSTON RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>THOMAS CASALI</u>	Director	<u>151 BURENTON WOOD DR CRANSTON</u>
<u>ALBERT CASALI SR</u>	Director	<u>60 E BELAIR RD</u>
	Director	
<u>THOMAS CASALI</u>	President	<u>151 BURENTON WOOD DR CRANSTON</u>
<u>ALBERT CASALI JR</u>	Vice President	<u>60 E BELAIR RD</u>
<u>MICHAEL CASALI</u>	Secretary	<u>60 LENOX RD</u>
<u>ALBERT CASALI SR</u>	Treasurer	<u>21 LARKSPUR RD</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>P044001</u>		<u>- 0 -</u>

**PAID**

**FEB 08 1993**

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>P044004</u>		<u>- 0 -</u>

**SECY OF STATE**

Dated 2-3 19 93

*August*  
A&T Casali Liquors  
(Name of Corporation)

By Albert O Casali Sr Treasurer

Title.....

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

✓  
M

Corporate ID 0003738 Annual Report for the year 1992

FIRST: The name of the corporation is A&T CASALI LIQUOR, INC.

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is LIQUOR

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1776 B CRANSTON ST

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>THOMAS CASALI</u>	<u>Director</u>	<u>151 BRETTON WOOD DR CRANSTON</u>
<u>ALBERT CASALI SR</u>	<u>Director</u>	<u>66 E BELAIR RD</u>
	<u>Director</u>	
<u>THOMAS CASALI</u>	<u>President</u>	<u>151 BRETTON WOOD DRIVE CRANSTON</u>
<u>ALBERT CASALI JR</u>	<u>Vice President</u>	<u>41 LARIBOR RD</u>
<u>MICHAEL CASALI</u>	<u>Secretary</u>	<u>60 LEROX RD</u>
<u>ALBERT CASALI SR</u>	<u>Treasurer</u>	<u>66 E BELAIR RD</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class
<u>600</u>	<u>COMMON</u>

Rec'd & Filed

SD 2192

Par Value  
statement that  
shares are without  
par value  
NO

EIGHTH: Number of Shares issued:

No. of Shares	Class
<u>200</u>	<u>COMMON</u>

Par Value  
or statement that  
shares are without  
par value  
NO

Dated 2-26-92 1992

A&T CASALI LIQUORS  
(Name of Corporation)

By Albert G Casali Jr.

Title Treasurer

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 000373E <sup>HC</sup> Annual Report for the year 1991

FIRST: The name of the corporation is A&T CASALI LIQUOR, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Liquor

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Thomas Casali</u>	Director	<u>151 Buxtonwood Drive Cranston</u>
<u>Albert G Casali</u>	Director	<u>66 East Belair Rd "</u>
	Director	
<u>Thomas Casali</u>	President	<u>151 Buxtonwood Drive Cranston</u>
<u>Albert G Casali J.</u>	Vice President	<u>49 Luskysville Rd "</u>
<u>Mustash Casali</u>	Secretary	<u>60 Luskysville Rd "</u>
<u>Albert G Casali Jr.</u>	Treasurer	<u>66 East Belair Rd "</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class
<u>600</u>	<u>COMMON</u>

Series **PAID**  
FEB 14 1991

Par Value or statement that shares are without par value  
- 0 -

EIGHTH: Number of Shares issued:

No. of Shares	Class
<u>200</u>	<u>COMMON</u>

SECY OF STATE

Par Value or statement that shares are without par value  
- 0 -

Dated 2-13 19 91

A&T Casali Liquor  
DBA A&T Casali Distinct Liquors  
(Name of Corporation)

By Albert G Casali

Title Treasurer

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

C2

Corporate ID 0003738 Annual Report for the year 1990

FIRST: The name of the corporation is A&T CASALI LIQUOR, INC.

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is Liquor

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1776 B. CRAWFORD ST. CRANSTON

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>THOMAS CASALI</u>	<u>Director</u>	<u>151 BAYVIEW WOODS BAYVIEW RD. CRANSTON</u>
<u>ALBERT CASALI SR.</u>	<u>Director</u>	<u>66 E BELAIR RD. CRANSTON</u>
<u>THOMAS CASALI</u>	<u>President</u>	<u>151 BAYVIEW WOODS BAYVIEW RD. CRANSTON</u>
<u>ALBERT CASALI JR.</u>	<u>Vice President</u>	<u>21 LARKSBUR RD. "</u>
<u>MICHAEL CASALI</u>	<u>Secretary</u>	<u>95 LENOX RD. "</u>
<u>ALBERT CASALI SR.</u>	<u>Treasurer</u>	<u>66 E BELAIR RD. "</u>

SEVENTH: Number of Shares authorized:

No. of Shares 600 Class COMMON PAID Series Par Value or statement that shares are without par value NO

JAN 25 1990

EIGHTH: Number of Shares issued:

No. of Shares 200 Class COMMON Series Par Value or statement that shares are without par value

Dated 1/23/90 19

A&T CASALI LIQUOR  
(Name of Corporation)

By Albert O. Casali Treasurer

Title: Treasurer

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0003738 Annual Report for the year 1989

FIRST: The name of the corporation is A&T CASALI LIQUOR, INC.

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is LIQUOR RETAIL

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1776 B CRANSTON ST CRANSTON RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>ALBERT CASALI</u>	<u>Director</u>	<u>66 E BELAIR RD <del>151 BRENTWOODS DR CRANSTON</del></u>
<u>THOMAS CASALI</u>	<u>Director</u>	<u>151 BRENTWOODS DRIV "</u>
<u>THOMAS CASALI</u>	<u>Director</u>	
<u>THOMAS CASALI</u>	<u>President</u>	<u>151 BRENTWOODS DRIVE CRANSTON</u>
<u>ALBERT CASALI JR</u>	<u>Vice President</u>	<u>91 LARIPSPUR DRIVE "</u>
<u>MICHAEL CASALI</u>	<u>Secretary</u>	<u>60 LERVOX RD CRANSTON</u>
<u>ALBERT CASALI SR</u>	<u>Treasurer</u>	<u>66 E BELAIR RD CRANSTON</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>		<u>NONE</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>COMMON</u>		<u>NONE</u>

**PAID**  
**FEB 13 1989**  
**SECY. OF STATE**

Dated 2 - 6 19 89

A&T CASALI LIQUOR INC  
(Name of Corporation)

By Albert G Casali Sr  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3738 Annual Report for the year 1988

FIRST: The name of the corporation is A&I CASALI LIQUOR, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is LIQUOR - RETAIL

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1776 B CRANSTON ST CRANSTON RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>ALBERT A CASALI JR</u>	<u>Director</u>	<u>70 SELMA ST CRANSTON</u>
<u>THOMAS J CASALI</u>	<u>Director</u>	<u>95 HMDR ST</u>
<u>THOMAS J CASALI</u>	<u>President</u>	<u>95 HMDR ST CRANSTON</u>
<u>ALBERT A CASALI JR</u>	<u>Vice President</u>	<u>41 LANRSPUR DR CRANSTON</u>
<u>MICHAEL J CASALI</u>	<u>Secretary</u>	<u>60 LEMOR RD</u>
<u>ALBERT A CASALI JR</u>	<u>Treasurer</u>	<u>70 SELMA ST</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>		<u>NO PAR</u>

PAID

EIGHTH: Number of Shares issued: 3 1988

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>COMMON</u>		<u>NO PAR</u>

Dated 1-12 19 88

A & I CASALI LIQUOR, INC  
(Name of Corporation)

By Albert A Casali Jr

Title Treasurer

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3738 Annual Report for the year 1987

FIRST: The name of the corporation is A&T CASALI LIQUOR, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is LIQUOR RETAIL

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1776 B CRANSTON ST CRANSTON

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>ALBERT CASALI</u>	<u>Director</u>	<u>70 SELMA ST CRANSTON</u>
<u>THOMAS CASALI</u>	<u>Director</u>	<u>95 HYDE ST ' '</u>
<u>THOMAS CASALI</u>	<u>Director</u>	<u>95 HYDE ST CRANSTON</u>
<u>ALBERT CASALI JR</u>	<u>Vice President</u>	<u>41 LARK SPUR DR ' '</u>
<u>MICHAEL CASALI</u>	<u>Secretary</u>	<u>60 LENOX RD ''</u>
<u>ALBERT CASALI SR</u>	<u>Treasurer</u>	<u>70 SELMA ST ''</u>

SEVENTH: Number of Shares authorized:

No. of Shares 600 Class A Series

Par Value or statement that shares are without par value  
NO PAR

**PAID**

JAN 20 1987

EIGHTH: Number of Shares issued: SECY. OF STATE

No. of Shares 200 Class A Series

Par Value or statement that shares are without par value  
NO PAR

**MAY 15 1987**

Dated 1-15 19 87

A&T CASALI LIQUORS INC  
(Name of Corporation)

By Albert Casali Sr

Title Treasurer

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3738 Annual Report for the year 1986

FIRST: The name of the corporation is A&T CASALI LIQUOR, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is LIQUOR

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1776 B CRANSTON ST CRANSTON

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>THOMAS CASALI</u>	<u>Director</u>	<u>95 HYDE ST CRANSTON</u>
<u>ALBERT CASALI SR</u>	<u>Director</u>	<u>70 SELMA ST CRANSTON</u>
	<u>Director</u>	
<u>THOMAS CASALI</u>	<u>President</u>	<u>95 HYDE ST CRANSTON</u>
<u>ALBERT CASALI JR</u>	<u>Vice President</u>	<u>21 LANESBORO CRANSTON</u>
<u>MICHAEL CASALI</u>	<u>Secretary</u>	<u>90 LENOX RD "</u>
<u>ALBERT CASALI SR</u>	<u>Treasurer</u>	<u>70 SELMA ST "</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>		<u>NO PAR</u>

02/19/86

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>COMMON</u>		<u>NO PAR</u>

PAID

ANRE  
CHEK  
0323A001

Dated 1-28 19 86

A&T CASALI LIQUOR, INC.  
(Name of Corporation)

By Albert G Casali

Title Treasurer

Rec'd & Filed FEB 22 1986

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**  
**ANNUAL REPORT**  
**OF**

3738

A & T Casali Liquors, Inc. For The Year: 1985

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is A & T Casali Liquors, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
1776 B Cranston Street Cranston, R.I. 02920

and the name of its registered agent in Rhode Island at such address is

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Retail Sales of Alcoholic Beverages

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Albert A. Casali, Sr.	Director	70 Selma St. Cranston, R.I.
Thomas J. Casali	Director	95 Hyde St. Cranston, R.I.
	Director	
	Director	
	Director	
Thomas J. Casali	President	95 Hyde St. Cranston, R.I.
Albert A. Casali, Jr.	Vice President	21 Larkspur Rd. Cranston, R.I.
Michael J. Casali	Secretary	60 Lenox Rd. Cranston, R.I.
Albert A. Casali, Sr.	Treasurer	70 Selma St. Cranston, R.I.

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
0120A001 02/15/85CHEK 100	Common		No-Par

00\*ST

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	Common		No- Par

001170 31N70 10060529

Dated February 15, 19 85

A & T Casali Liquors, Inc.  
(NAME OF CORPORATION)

By

*Albert G. Casali*

Its Treasurer

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is A & T CASALI LIQUORS INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is RETAIL SALES of ALCOHOLIC BEVERAGES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island  
1776 6 Cranston St Cranston, R.I 02920

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
ALBERT A. CASALI JR	Director	70 SELMA ST Cranston RI
THOMAS J CASALI	Director	95 Hyde St Cranston RI
THOMAS J. CASALI	President	95 Hyde St Cranston RI
ALBERT A CASALI JR	Vice President	21 LARKSPUR RD Cranston RI
MICHAEL J. CASALI	Secretary	60 LENOX Rd Cranston RI
ALBERT A CASALI SR	Treasurer	70 SELMA ST Cranston RI 02920

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		NO-PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		NO-PAR

Dated: February 21, 1984

A & T CASALI LIQUORS INC.  
(Name of Corporation)

By Albert A. Casali  
Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is AST CASALI LIQUORS, INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is RETAIL SALES OF ALCOHOLIC BEVERAGES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 1785 CRANSTON ST. CRANSTON, R.I.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
<u>ALBERT A. CASALI</u>	<u>Director</u>	<u>70 SELMA ST CRANSTON, R.I.</u>
<u>THOMAS J CASALI</u>	<u>Director</u>	<u>95 HYDE ST CRANSTON, R.I.</u>
	<u>Director</u>	
<u>THOMAS J CASALI</u>	<u>President</u>	<u>95 HYDE ST CRANSTON, R.I.</u>
<u>ALBERT A CASALI JR</u>	<u>Vice President</u>	<u>71 LARK SPUR RD CRANSTON, R.I.</u>
<u>MICHAEL CASALI</u>	<u>Secretary</u>	<u>60 LEXOX RD CRANSTON, R.I.</u>
<u>ALBERT A CASALI</u>	<u>Treasurer</u>	<u>70 SELMA ST CRANSTON, R.I.</u>

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>Common</u>		<u>NO-PAR</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>Common</u>		<u>NO-PAR</u>

Dated: 3/23 19 83

318  
2204  
1108

AST CASALI LIQUORS, Inc  
(Name of Corporation)

By: [Signature]  
Title: PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

## OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is A & T CASALI LIQUOR, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is retail liquor store

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 1785 Cranston Street, Cranston, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Albert Casali	Director	70 Selma St., Cranston, R.I.
Thomas Casali	Director	70 Selma St., Cranston, R.I.
	Director	
Thomas Casali	President	70 Selma St. Cranston, R.I.
Albert Casali, Jr.	Vice President	21 Larkspur Rd., Cranston, R.I.
Michael Casali	Secretary	60 Lenox Rd., Cranston, R.I.
Albert Casali	Treasurer	70 Selma St., Cranston, R.I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par Value

Dated: February 10, 1982

A & T CASALI LIQUOR, INC.

(Name of Corporation)

By *Albert Casali*

APR 21 1982 Title Treasurer

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040