

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

Matthew A. Brown, Secretary of State

Corporations Divisie 100 North Main Stre Providence, RI 02903-135 401.222,30

PROFIT CORPORATION	)N	ANNUAL REPORT FOR THE YEAR	2005
Filing Period: January 1 - March 1	•	Filing Fee: \$50.00	

FORM MUST BE TYPED OR PRIN	TED IN BLACK)				
I. Corporate ID No.	2. Name of Corporate	on	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del></del> -
48041	REDBIRD LIQU	JOR STORE, INC.			
3. Street Address Principal Business (			City	State	Zip
P.O. Box 550			New Shoreham	RI	02807
I. Business Phone No.		5. State of Incorporation			G. SIG Code
(401) 466–2441  Brief Description of the Character	.60 6	- " RHODE ISLAND	<del></del>		3095
THE SALE OF ALCOHO					
3. NAMES AND ADDRESSES			ACHMENT) THERES	PACES BEFORE USING	C ATTACHMENTS
President Name		o. (	Vice President Name	Wens milore using	5 ATTACIPIENTS
Caroline L. Todd			Caroline L. Tode	d	
Sinci Address			Street Address	<del>-</del>	
P.O. Box 550			P.O. Box 550		
Tily	State	Zip	City	State	Zip
New Shoreham	RI	] 02807	New Shoreham	RI	02807
Secretary Name		•	Treasurer Name	•	
Caroline L. Todd	-		Caroline L. Tode	<u>a</u>	
P.O. Box 550			Sinvi Address P.O. Box 550		
Cuy	State	Zip	Cliv	State	2/6
New Shoreham	RI	02807	New Shoreham	RI	02807
). NAMES AND ADDRESSES			•	SPACES BEFORE USI	1
Director Name			Director Name		
None					
street Address			Street Address	•	
	1 -			<del></del>	
Cuy	State	Zip	City	State	Žip
Director Name	. J	J			
Ar Class Mande			Director Name		
Street Address	<del></del>		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR AT	TACHMENT) 🔲	11. SHARES ISSUED (*	"X" BOX FOR ATTACH	IMENT) 📋
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			100	common	NO
This report must be s	signed in ink by cit	her the President Vice	President, Secretary, Assistan	U Secretary Treasurer	December of Trustee
			resident occietary. Prisingal	n occietary, rieasorer.	Receiver of Trustee
i ! <b>!!!</b> !!!		FIET (AB)			
			Linder penalty of peri	ucy 1 declare and afficent	nat I have examined this repor
					ements, and that all statemen
1	1 6 1 1	7	contained herein are t		. 1 1 -
File Date	1700		Carolini	of world ()	us. 1/7/05
Q	18-05		Signature of Officer	*-* · · ·	Date
Check No.			Caroline ]	I Todd	
Ву:	De		Print or Type Name of		
			President		
FOR SECRETARY OF STA	ATE USE ONLY	į .			



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

Corporations Divisio 100 North Main Stre Providence, RI 02903-13; 401.222.30

Matthew A. Br	oun, Secretary of St	ate			401.222.0	
PROFIT CORPOR  Hling Period: January 1 - Ma  FORM MUST BE TYPED OR PRINT	erch 1 • Filing	UAL REPORT Fee: \$50.00	FOR THE YEAR	2004	<del></del>	
Corporate ID No.	2 Name of Corporation		<u> </u>	<u> </u>	· <del></del> ·	
48041	REDBIRD LIQUOF	STORE, INC.				
3 Street Address Principal Business Of			City	State	Z.(p	
P.O. Box 550			New Shoreham	RI	02807	
1. Business Phone No		5. State of Incorporation			6. SIC Code	
401-466-2441		RHODE ISLAND			3095	
7 Brief Description of the Character of THE SALE OF ALCOHOL	AND MALT BEVERAG	SES			- 4 ማማ 4 /ሳኔኔ አልተ አነምር	
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	<i>(CHMENT)</i> ☐ FILL IN SP. ÷ <i>Nice President Name</i>	ACES BEFORE USING	AITACHMENTS	
President Name			•			
Caroline L. Todd			<u> </u>	Caroline L. Todd		
Sireei Address			Sinci Address P.O. Box 550	P.O. Box 550		
P.O. Box 550	1:		: City	State	Zip	
City	State	Z.(p	* (II) * **=	RI	02807	
Secretary Name			Treasurer Name	*************************		
Caroline L. Todd			Caroline L. Todd			
Street Address			Street Address			
P.O. Box 550		<del>,</del>	P.O. Box 550			
Cuy	State	Zip	City	State	Zip	
New Shoreham 9. NAMES AND ADDRESSES	RI OF THE DIRECTORS	02807 S: <i>("X" BOX FOR AT</i>	: New Shoreham TACHMENT) ☐ FILL IN S	RI SPACES BEFORE USIN	02807	
Director Name			Director Name			
None						
Street Address			Street Address		· ·	
Cuy	State	Zip	Cuy	State	Zip	
Director Name	J	J	Director Name			
Street Address		_	Street Address		<del></del> .	
City	State	Zıp	City	State	Zip	
10. SHARES AUTHORIZED (	I ("X" BOX FOR ATTA	 CHMENT) []	11. SHARES ISSUED ("A ISSUED SHARES	 " BOX FOR ATTACH	MENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
2,000 NO PAR VALUE			100	Common	No	
	-				<del>   </del>	

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

File Date	1-29-04
Check No	1749
Ву:	2
FOR SI	ECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and a	affirm that I have examined this repo
including any accompanying schedules	
Caw line Lord	el Pro Jan 16, 2004
Signature of Officer	Date
Caroline L. Todd	
Print or Type Name of Officer	
President	



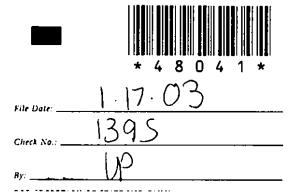
Edward S. Inman, III, Secretary of Sta. Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PH ASE READ INSTRUCTIONS

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ORM MUST BE TYPED OR PRINT. . Corporate ID No.	ED IN BLACK)  2. Name of Corpora	ation			
•	, ,				
48041 . Street Address Principal Business		IQUOR STORE, INC.	City	State	Zip
P.O. Box 550 Business Phone No.		S. State of Incorporation	New Shoreham	RI	02807 6. SIC Code
401-466-2441 Brief Description of the Character	of Business Conducted	RHODE ISLAND in Rhode Island			3095
		alt beverages. ICERS ("X" BOX FOR ATTACH:	MENT) FILL IN SPACES BI Vice President Name	EFORE USING ATTACH	MENTS
Caroline L.	Todd		Caroline L.	Todd	
P.O. Box 550	) State	Zip	P.O. Box 55	State	Zip
New Shoreham	RI	02807	New Shoreham	RI	02807
ecretary: Name		·	Treasurer Name		
Caroline L.	Todd		Caroline L.	Todd	
P.O. Box 550	) State	Zip	P.O. Box 55	State	Zip
New Shoreham  NAMES AND ADDRESS  Grector Name  None	RI SES OF THE DIR	02807 ECTORS (*X* BOX FOR ATTAC	New Shoreham CHMENT) FILL IN SPACES Director Name	RI BEFORE USING ATTAC	02807 CHMENTS
treet Address			Street Address		
ity	State	Zip	City	State	7.lp
lirector Name			Director Name		
reet Address			Street Address		
lty	State	ZIp	City	State	Zip
O. SHARES AUTHORIZEI UTHORIZED SHARES	D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	
umher of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			100	Common	No

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



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.

Carolina Caroli Pro. 1/11/V.

Caroline L. Todd
Print or Type Name of Officer

President



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

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401-222-3040

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 48041 REDBIRD LIQUOR STORE, INC. 3. Street Address Principal Business Office City State P.O. Box 550 New Shoreham RI 02807 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 3095 (401) 466-2441 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Caroline L. Todd Caroline L. Todd Street Address Street Address P.O. Box 550 P.O. Box 550 State State RI 02807 RI New Shoreham New Shoreham 02807 Secretary Name Treasurer Name Caroline L. Todd Caroline L. Todd Street Address Street Address P.O. Box 550 P.O.Box 550 City State Zip City State Zip New Shoreham RI 02807 New Shoreham 02807 RI 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 Zie Director Name Director Name Street Address Street Address City Sinte Zip State Zio 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Sumber of Shares Class/Series Par Volue 2,000 NO PAR VALUE

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

100



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.

Common

Caroline L. Todd

Print or Type Name of Officer



No

Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January ,	l-March 1 • F.	iling Fee: \$50.00		<del></del>	
(FORM MUST BE TYPED IN BLAC 1. Corporate ID No. 48041	2. Name of Corporation	NUOR STORE, INC.			
3. Street Address Principal Business O	office		City	State	Zip
P.O. Box 550  4. Business Phone No.		5. State of Incorporation	New Shoreham	RI	02807 6. SIC Code
(401) 466-2441 7. Brief Description of the Character of	of Business Conducted in Ri	RHODE ISLAND			3095
The sale of alc	ohol and malt	beverages.			
8. NAMES AND ADDRESS President Name	ES OF THE OFFICE	RS (*x* box for attach	MENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTAC	CHMENTS
Caroline L. Todd			Caroline L.	Todd	
P.O. Box 550	State	Zip	P.O. Box 55	O State	Zip
New Shoreham Secretary Name	RI	02807	New Shoreha	ım RI	02807
Caroline L. Todd Street Address P.O. Box 550			Caroline L. Street Address P.O. Box 55	_	
cuy New Shoreham	State RI	zip 02807	<sub>City</sub> New Shoreha	State im RI	zip 02807
9. NAMES AND ADDRESS. Director Name	ES OF THE DIRECT	FORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
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 ATTACE	IMENT)	11. SHARES ISSUED (*.	X* BOX FOR ATTACHMEN'	r)
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 Truste

100



2,000 SHS NO PAR VAL

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.

Common

No

Garoling-Sold Pres 2/1/01
Signature of Officer
Date

Caroline L. Todd
Print or Type Name of Officer

- Type Hume of Offi



James R. Langevin, Secretary of St. Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-36

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

48041	1.	Corporate	ID.	8041
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2. Name of Corporation
REDBIRD LIQUOR STORE, INC.

3. Street Address Principal Business O	ffice		City	State	Zip
P.O. Box 550			New Shoreham	RI	02807
4. Business Phone No.		S. State of Incorporation RHODE ISLAND			6. SIC Code 3095
(401) 466-2441 7. Brief Description of the Character o	f Business Conducted in R.				3093
The sale of alcoh	nol and malt b	everages.			
8. NAMES AND ADDRESSI President Name			MENT) FILL IN SPACES BEF Vice President Name	ORE USING ATTACHM	ENTS
Caroline L. Todd Street Address			Caroline L. Todd Street Address		
P.O. Box 550			P.O. Box 550		
New Shoreham	State RI	02807	City Providence	State RI	21p 02807
Secretary Name			Treasurer Name		
Caroline L. Todd Street Address			Caroline L. Todd Street Address		
P.O. Box 550			P.O. Box 550		
City	State	Zip	City	State	Zip
New Shoreham	RI	02807	New Shoreham	RI	02807
9. NAMES AND ADDRESSI Director Name	ES OF THE DIRECT	TORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES BI Director Name	EFORE USING ATTACH	MENTS
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 AUTHORIZED SHARES	("X" BOX FOR ATTACE	MMENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
2,000 SHS NO PAR 1	VAL		•	_	
-			100	Common	No
Number of Shares 2,000 SHS NO PAR 1		Par Value	Number of Shares	_	

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an that all statements contained herein are true and correct.

Caroline L. Todd Print or Type Name of Officer President

Signature of Officer



James R. Langevin, Secretary of Sta Corporations Division 100 North Main Street, Providence, RI 02903-13; 401-222-304

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASUREAD INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation REDBIRD LIQUOR STORE, INC. 3. Street Address Principal Business Office City State P.O. Box 550 02807 New Shoreham RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 3095 (401) 466-2441 7. Brief Description of the Character of Business Conducted in Rhode Island The sale of alcohol and malt beverages. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) () FILL IN SPACES BEFORE USING ATTACHMENTS · Vice President Name President Name Caroline L. Todd Caroline L. Todd Street Address Street Address P.O. Box 550 P.O. Box 550 City State 02807 02807 New Shoreham RI RI New Shoreham Secretary Name Treasurer Name Caroline L. Todd Caroline L. Todd Street Address Street Address P.O. Box 550 P.O. Box 550 1 city City State State 02807 02807 New Shoreham New Shoreham 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 Zio State Zip Director Name Director Name Street Address Street Address City City State Zip State Zip 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (\*X\* BOX FOR AITACHMENT) AUTHORIZEE) SHARES **ESSUTED SHARES** Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 2,000 SHS NO PAR VAL 100 Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste

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.

Caw Com Signature of Officer

Date

Caroline L. Todd

Princer Type Name of Officer



James R. Langevin, Secretary of Sta Corporations Divisio 100 North Main Street, Providence, RI 02903-132 401-277-304

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

inng Perioa: January 1-March 1	•	riling ree: \$50.00	
AND A LANCY DE TUDETO IN DE ACUI			

1. Corporate ID No.

2. Name of Corporation

3. Str48041/45 Principal Business OfficeREDBIF	RD LIQUOR STORE, INC.	City	State	Zip
P. O. Box <del>338</del> SSO 4. Business Phone No.	5. State of Incorporation	New Shoreham	RI	02807 6. SIC Cade
(401) 466-2441 7. Brief Description of the Character of Business Condi	ucted in Rhode ISRHODE ISLAND			3095
The sale of alcohol an 8. NAMES AND ADDRESSES OF THE President Name	· · · · · · · · · · · · · · · · · · ·	MENT) Vice President Name		
Caroline L. Todd Street Address P. O. Box <del>33</del> 8 550		Caroline L. Tod Street Address P. O. Box 338 S.		
City State New Shoreham RI	7.ip 02807	Cuy New Shoreham	State RI	zip 02807
Secretary Name Caroline L. Todd		Treasurer Name Caroline L. Tod	d	
Street Address P. O. Box 3\\$SSV		Street Address P. O. Box 378 S	Œ.	
City State New Shoreham RI	21p 02807	City New Shoreham	State RI	zip 02807
9. NAMES AND ADDRESSES OF THE Director Name	DIRECTORS ("X" BOX FOR ATTA	CHMENT) Director Name		
Street Address		Street Address		
City State	Zip	Cuy	State	Zip
Director Name		Director Name		
Street Address		Street Address		
City State	2.1р	City	State	Zîp
10. SHARES AUTHORIZED (*x* BOX FO AUTHORIZED SHARES	R ATTACHMENT)	11. SHARES ISSUED (*X* ISSUED SHARES	BOX FOR ATTACHMENT)	
Number of Shares Class/Serles	Par Value	Number of Shares	Class/Series	Par Value

#### 2,000 SHS NO PAR VAL

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

File Date: _	3.6.98
Check No.: _	3034
Ву:	W

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an that all statements contained herein are true and correct.

Signature of Officer

Caroline L. Todd Print or Type Name of Officer

President



Date



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Ri 02903-133: 401-277-3040

#### PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

I.	Corporate	ID	No.
	480	14	1

Number of Shares

2,000 SHS NO PAR VAL

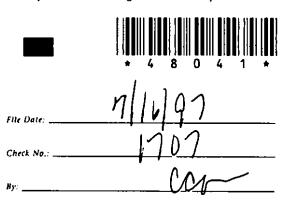
2. Name of Corporation REDBIRD LIQUOR STORE, INC.

3. Street Address Principal Business (	Office		City	State	Zip
P. O. Box 338			New Shoreham	RI	02807
1. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 466-2441		RHODE ISL	AND		3095
. Brief Description of the Character	of Business Conducted in	Rhode Island			
The sale of al	cohol and ma	lt beverages.			
3. NAMES AND ADDRESS President Name	SES OF THE OFFIC	CERS (*X* BOX FOR ATTA	ACHMENT) Vice President Name	·	•
Caroline L. To	dd		Caroline L.	Todd	
treet Address			Street Address		
P. O. Box 338			P. O. Box 33	8	
Tity	State	Zip	City	State	Zip
New Shoreham	RI	02807	New Shoreham	RI	02807
ecretary Name	•		Treasurer Name		•• • • • • •
Caroline L. To	dd		Caroline L.	Todd	
treet Address			Street Address		
P. O. Box 338			P. O. Box 33	8	
Sity	State	Zip	City	State	Zip
New Shoreham	RI	02807	New Shoreham	RI	02807
. NAMES AND ADDRESS	ES OF THE DIRE	CTORS ("X" BOX FOR AT	TTACHMENT)		
Director Name			Director Name		
itreet Address			Street Address		
Tity:	State	Zip	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
City	State	Zip	City	Sinte	Zip
IO. SHARES AUTHORIZEI	) AND ISSUED (*)	X* BOX FOR ATTACHMENT			
AUTHORIZEI) SHARES			ICCLIET) CHARPS		

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

Number of Shares

100



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.

Caroline Lord 3/24/97
Signature of Officer Date

Class/Series

common

Par Value

no

Caroline L. Todd

## PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantatior James R. Langevin, Secretary of State Corporations Division

Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-304

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

, CORPORATE ID NO.	2. NAME OF CORPORATE		PRINT IN BLACK INK.			
48041 3. STREET ADDRESS PRINCIPAL BUSIN		SIRD LIQUOR STORE,	INC.	STATE	T ZIP COOE	
P. O. Box				,		
	330		Block Island	RI	02807	
(401) 466-2	2441	S. STATE OF KICORPORATION RHODE IS	GLAND		3095	
The sale of		malt beverages.				
_	8 . H	AMES AND ADDR	ESSES OF THE OFF	1 C E R S		
RESIDENT NAME	m - 1 1		VICE PRESIDEITI NAVE			
Caroline L.	. 10dd ————————		Caroline L. To	dd 	<u> </u>	
P. O. Box 3	338		P. O. Box 338			
лү	STATE	ZIP CODE	αιν	STATE	ZIP CODE	
Block Islar	nd RI	02807	Block Island	RI	02807	
ECRETARY NAME			TREASURER HANE			
Caroline L.	. Todd		Caroline L. To	dd		
TREET ADORESS	220		STREET ADDRESS			
P. O. Box 3	STATE	ZEP CODE	P. O. Box 338	STATE	T Z⊅ C010£	
Block Islan	nd RI	02807	Block Island	RI	02807	
			ESSES OF THE DIR			
RECTOR NAVE	<del>.</del>		O'RECTOR NAME	•		
		·		·		
TREET ADDRESS			STREET ADDRESS			
YTY	STATE	ZIP CODE	rair	STATE	ZiP CODE	
		]	_1.			
MRECTOR NAME			DIRECTOR NAME	TI 12-12-12-12-12-12-12-12-12-12-12-12-12-1		
TREET ADDRESS	· <del></del>	<del></del>	STREET ADDRESS		<del></del>	
INCEL AUJM255			2 LINEE LADONG 22			
<u> </u>	STATE	Z-7 COCE	OTY	STATE	ZP 000£	
	10.	SHARES AUTHOR	IZED AND ISSUED		<del> </del>	
	AUTHORIZED SHARES	<u> </u>		ISSUED SHARES	-	
NUMBER OF SHARES	CASS / SERIES	PAR VALLE	MUMBER OF SHARES	CLASS / SERIES	PAR VALUE	
2,000 SH	S NO PAR VAL	common	100	common	no par	
				<del></del>	<del> </del>	
		_				
		FL'			<del> </del>	
	President Vice Pres	i nis report must be <b>SIG</b> sident. Secretary: Assis	<b>INED IN INK</b> by either the tant Secretary, Treasurer, F	Receiver or Truste		
,	Todiocit, vice i le	sidelit, decircially, masis	iani occicialy, neasulei, r	ICCCIACI OL LUDZIG	<del>-</del>	

File Date: 2896

Check No: 1035

By: (30) W

Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and the all statements contained herein are true and correct.

Caroline L. John Signature of Officer

Caroline L. Todd
Print or Type Name of Officer

D. . . 1. 1-

1/3/1/96

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

0048041

#### ANNUAL REPORT

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:	0048041		Annual Report for the y	1995 year:	
Name of Corporatio	REDBIRD LIQU	OR STORE,	ING.		
Business entity organize For foreign entity, address	ed under the laws of the State of Rh ess and telephone number of principal c	ffice:	[ ] Professional Se	oration (See RIGL Chapter 7-1.1) rvice Corporation (See RIGL Cha	•
Phone: () Address and telephone Island (Provide street ac Dodge_Street	•	ın Rhode	the sale of a	e character of business conducted alcohol_and malt_beve	erages
Phone: 1.4017. 46	66-2441	·			
PRESIDENT	<u> </u>	NAMES OF TH	E OFFICERS ARE:	CITY/STATE	ZIP CODE
Caroline I	L. Todd	P. O. Box	338	Block Island, RI	
Caroline I	L. Todd	street abor	338	Block Island, RI	
Caroline l	L. Todd	street abor	338	Block Island, RI	ZIP CODE L 02807
Caroline I	L. Todd	P. O. Box		Block Island, RI	1 02807
NAME	THE	NAMES OF THE	DIRECTORS ARE:	CITYSTALE	Z:P CODE
NAME:		STREET ADDR	eess	CITY/STAYE	
NAMI!	<del></del>	STREET ADDR	gess	C7: Y8: A1F	7:r code
NUMBER OF SHARES	AUTHORIZED (Rider may be attached)		NUMBER OF SHARES IS	SSUED AND OUTSTANDING (Ride	r may be attached)
Number of Shares	Class / Series		Number of Shares	Class / Series	<del></del>
2000	common no par		100	common no par	
Date	) 3/1 1925	By: Care PRINT OF OFFI TITLE OF OFFI	Lander L. Todd Statent of Ficer Signing icer Signing	Lotel Pres.	
			NT FOR SERVICE (		
PLEASE NOTE: If the	e registered office and/or registered ag	ent indicated below i	s incorrect, Form 9 must	be filed.	

RICHARD JESSUP, JR 116 DEANGE ST. PROVIDENCE RI 09903 MAR 2 9 1995 By AC 905

Filing Fee \$50.00 Payable to Secretary of State

#### PLEASE TYPE or PRINT

File Annacily 11.C Sept 1 - Nov 1 CORP Jan 1 - March 1

#### 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

0045041	Annual Dan of the the year	1994	
Corporate ID:	Annual Report for the year REDBIRD LIQUOR		
Name of Business Entity			
Business entity organized under the laws of the State ofRhode_Island	Business Entity is (check	one)	
Federal Taypayer Identification Number		Soration (See RIGL Chapter 7.1.1	
For foreign entity, address and telephone number of principal office		Service Corporation (See RIGUC) http://company.tSee RIGU 7-16)	hapter 7-2.1)
For telefacting, acades also respirate names of patient and observe		ldress of confact person to whom	
······································	communications may be d Richard Jessup,		
	116 Orange Stre	· <del></del>	
Phone ()	Providence, RI		·
Address and telephone of the principal office of business entity in Rhodo			
Island (Provide street address - Not P.O. Box)	Brief statement of the cha	racter of business conducted in RI	hode Island
Redbird Liquor Store, Inc.	the sale of alc	ohol <u>and mall b</u> evera	ges.
Might Street Dodge Street	<del></del>		
Block Island, RI 02807	Date of Organization	August 18, 1988	
Phone 3 401, 466-2441	Date of Quantication to de	o frisingss in Rhode Island (if for	eign entity)
		· ·	
THE NAMES OF T	HE OFFICERS ARE:	CD SIXT	25.42 OD
4,		Island,_RI	02807
Caroline L. Todd P.O. Box 338.			7910 s
Caroline L. Todd P.O. Box 338 Sautas Carolina L. Sautas	HINDOK	Is <u>land, R</u> I	02807 7m013
Caroline L. Todd  2 ( ) November 1 ( ) Caroline L. Todd  2 ( ) November 1 ( ) Caroline L. Todd  2 ( ) November 1 ( ) Caroline L. Todd  2 ( ) November 1 ( ) Caroline L. Todd  2 ( ) November 1 ( ) Caroline L. Todd  2 ( ) November 1 ( ) Caroline L. Todd  2 ( ) November 1 ( ) Caroline L. Todd  2 ( ) November 1 ( ) Caroline L. Todd  2 ( ) November 1 ( ) Caroline L. Todd  2 ( ) November 1 ( ) Caroline L. Todd  2 ( ) November 1 ( ) Caroline L. Todd  3 ( ) November 1 ( ) Caroline L. Todd  3 ( ) November 1 ( ) Caroline L. Todd  3 ( ) November 1 ( ) Caroline L. Todd  3 ( ) Caroline L. Todd  4 ( ) Caroline L. Todd  5 ( ) Caroline L. Todd  6 ( ) Caroline L. Todd  6 ( ) Caroline L.		Island, RI	02807 
Caroline L. Todd P.O. Box 338		Island, RI	02807
THE NAMES OF THE SAMES OF THE S	HE DIRECTORS ARE:	CHASIA .	Z99 (A
None			
VOID 1 AE	) <del>K %</del>	TANAM	X: -(.)(l)
SIR C M	CR-28	GAN MI	. M. COD.
<u> </u>		<u> </u>	
NUMBER OF SHARES AUTHORIZED (II Applicable)	NUMBER OF SHARES ISS	UED AND OUTSTANDING (II.	Applicable)
NUMBER 2009	NUMBER 100		
CLASS COMMON	CLASS commo	ก	
	SERICS		
SERIES	SUNILS		
PARKKRIKK ARK WITHOUT PAR	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	Dawline L. Todd	Р. <u>Рис.</u>	
JIM C Pres	ne samere ir cossenna sident		
E. OLLOW Miles	Priciasionna		
ਹੈ ਹੈ ਹੈ ਹੈ। ਹੇਰ.ਅਗਵਾਰਿ94			
DESIGNATED REGISTERED OR RESID	ENT AGENT FOR SERVI	CE OF PROCESS:	

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

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Corporate ID	0048041		Annual Re	port for the year	<u> 1993</u>
First: T	he name of the corporation	on is	REDEJRO LI	.QUORSTORÉ.	INC
Second:	It is incorporated under	the laws of	Rhode Island		
THIRD: (	Character of business, brid	efly stated, is.	the sale of a	alcohol and	malt beverages
Fourth:	If foreign corporation, a	ddress of its p	orincipal office		
Fігтн: В	usiness address in Rhode	Island C/G	Richard Jessu	ip, Jr., Es	quire
116 0	Drange Street, Pr	ovidence	, RI 02903	•••••••••••••	
Sіхтн: N	Vames and addresses of its	directors an		ess (including number, st	(Attach rider if necessary)
		Director	,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******************************	
		Director			
		Director	,		
Carol	ine L. Todd	President	P.O. Box	338, Block	Island, RI
Carol	line L. Todd	Vice Presid	lent P.O. Box	338, Block	Island, RI
Carol	line L. Todd	Secretary	P.O. Box	338, Block	Island, RI
Carol	line L. Todd	Treasurer	P.O. Box	338, Block	Island, RI
SEVENTH:	Number of Shares auth	orized:			Par Value
No. of Share	s Class		Series		or statement that shares are without par value
2,000	) common	L	,	ا س <sub>۱۰۱</sub>	no par value
			AP	R 3 n icoa	
Еіднти:	Number of Shares issued	•	SEC"	R 3 0 1993 CFSTATE	Par Value or statement that
No. of Share	s Class		Series	Crulate	shares are without par value
100	common	l			no par value
Dated am	L 23 19	93.	REDBIRD LIQU	JOR STORE,	INC.
			(Name of Corporation)  By Carolini	of World	- Pros.
( <b>D</b> ~~	ort must be signed by an office		Title President	***********************	
ткер	ort must be signed by an office	ii)	1 IUC		

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903



Corporate ID		Annual Report for the year 1592		
FIRST: The name of the corporation is		SEAGISA LIAKAS	STORE. INC.	
SECOND: It is inc	orporated under the laws of	Rhode Island		
THIRD: Characte	r of business, briefly stated, is.	the sale of alcohol a	nd malt beverages	
FOURTH: If foreign	gn corporation, address of its p	orincipal office	n/a	
Fifth: Business a	ddress in Rhode Island			
c/o Richard Jessu	p, Jr., Esq., 116 Orange	Street, Providence, Rho	de Island 02903	
SIXTH: Names an	nd addresses of its directors and		(Attach rider if necessary)	
	Director			
	Director			
	Director			
Caroline L. Todd	President		sland, RI	
Caroline L. Todd	Vice Presid	ent P.O. Box 577, Block I	sland, RI	
Caroline L. Todd	Secretary		sland, RI	
Caroline L. Todd	Treasurer	P.O. Box 첫7, Block 1	sland, RI	
SEVENTH: Number	er of Shares authorized:		Par Value or statement that shares are without	
No. of Shares	Class	Psad D	par value	
2,000	COMMON	MAR 0 2 1992	no par value	
Eighth: Number	of Shares issued:	SEC'Y OF STATE	Par Value or statement that shares are without	
No. of Shares	Class	Series	par value	
2,000	common		no par value	
Dated Jeb 26	19 🕰	REDBIRD LIQUOR STORE, (Name of Corporation)	INC.	
(Report must b	e signed by an officer)	Title Preside	l	

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	8041	Annual Report for the	ne year 1991
FIRST: The name of the	ne corporation is	REDBIRD LIQUOR	STORE, INC.
SECOND: It is incorpor	rated under the laws of	Rhode Island	
THIRD: Character of b	ousiness, briefly stated, is	the sale of alcohose	nol and malt
FOURTH: If foreign co	rporation, address of its pri	incipal office	n/a
FIFTH: Business address	ss in Rhode Island		
c/o Richard Jessup,	Jr., Esq., 116 0	range Street, Provi	dence, RI 02903
SIXTH: Names and add	dresses of its directors and		(Attach rider if necessary)
	Director		
	Director		
	Director		
Caroline L. Todd	President	P.O. Box 577, Blo	ock Island, RI
Caroline L. Todd	Vice Preside	nt P.O. Box 577, Blo	ock Island, RI
Caroline L. Todd	Secretary	P.O. Box 577, Blo	ock Island, RI
Caroline L. Todd	Treasurer	P.O. Box 577, Blo	ock Island, RI
SEVENTH: Number of	Shares authorized:		Par Value or statement that shares are without
No. of Shares 2,000	Class COMMON	Series PAID	par value no par value
Eіднтн: Number of S		Series PAID  14A 1 3 1991  SEC'Y OF STATE  Series	Par Value or statement that shares are without
No of Shares 2,000	Class COMMON	Series	no par value
Dated Man 4	19	REDBIRD LIQUOR ST	CORE, INC.
(Report must be sign	ed by an officer) T	President	Ц

# State of Rhode Island and Frovidence Flantations Corporations division 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903



Corporate ID	48041	Annual Report for the year 1990			
First: The nam	e of the corporation is	REDBIRD	LIGUOR STORE	, IMC	
SECOND: It is in	corporated under the laws o	of Rhode Isla	ınd		
THIRD: Characte	er of business, briefly stated,	is the sale	of alcohol a	nd malt beverages	
and for any otl	ner lawful purpose	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••		
FOURTH: If fore	gn corporation, address of i	its principal office	n/a		
FIFTH: Business	address in Rhode Island	c/o Richar		., Esq.	
116 Orange Stre	eet, Providence, R	hode Island	02903		
SIXTH: Names a	nd addresses of its directors		Address (including num	(Attach rider if necessary) ther, street, zip code)	
	Director	r			
	Director	r	-())()()()()()()()()()()()()()()()()()(		
	Director	r			
Caroline L. Too	dd Presider	н Р.О. Во	x 577, New S	horeham, RI	
Caroline L. Too	dd Vice Pre	esident P.O. Bo	x 577, New S	horeham, RI	
Caroline L. Too	ld Secretar	y P.O. Bo	x 577, New S	horeham, RI	
Caroline L. Too	idTreasure	er PO. Bo	x5.7.7.,NewS	horeham, RI	
	er of Shares authorized:			Par Value or statement that shares are without	
No. of Shares	Class		eries	par value	
2,000	common	Rec'd & Filed	MAY 03 1990	no par value	
Еібнтн: Numbe	r of Shares issued:			Par Value or statemen; that	
No. of Shares	Class	Se	eries	shares are without par value	
2,000	common			no par value	
Dated January 2	19 90	REDBIRD LI (Name of Corporatio	QUOR STORE,	INC.	
		By Caro	in Dody	,	
(Report must b	pe signed by an officer)	Title PRESI	DENT		

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID		Annual Report fo	or the year
First: The name of	of the corporation is	REDBIRO LIQUOR	STORE, INC.
SECOND: It is income	rporated under the laws of	of Rhode Isalnd	
THIRD: Character of the control of t	of business, briefly stated,	is sale of alcohol a	and malt beverages and
***************************************	***************************************	ts principal officeN/A	
		c/o Richard Jesev	up, Jr., Esquire
ll6 Orange Street	, Providence, Rh	ode Island 02903	
SIXTH: Names and	addresses of its directors		(Attach rider if necessary ding number, street, zip code)
······	Directo	r	
	Directo	······	
	Directo	r	
Caroline L. Todd	Presider	nt P. O.Box 577, New	Shoreham, RI
Caroline L. Todd	Vice Pre	esident. O. Box 577, Ne	ew Shoreham, Rl
Caroline L. Todd	Secretar	y P. O. Box 577, Ne	ew Shoreham, RI
Caroline L. Todd	Treasure	er P. O. Box 577, Ne	ew Shoreham, RI
SEVENTH: Number	of Shares authorized:	Series	Par Value or statement that shares are without
2,000	common	. Kitts	parvalue no par value
; Еіднтн: Number o	of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100	common		no par Ivalgee
Dated May/	19	REDBIRD LIQUOR ST	
		By Carolin L. V.	<del>dd</del>
(Report must be s	signed by an officer)	Title President	