



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)

1. Corporate ID No. 82642		2. Name of Corporation D&M LIQUORS, INC. d/b/a Nikki's Liquors			
3. Street Address Principal Business Office 689 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 946-1650		5. State of Incorporation RHODE ISLAND			6. SIC Code 3251
7. Brief Description of the Character of Business Conducted in Rhode Island TO MAINTAIN AND OPERATE A LIQUOR STORE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dennis M. Plante			Vice President Name Dennis M. Plante		
Street Address 442 Farnum Pike			Street Address 442 Farnum Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Dennis M. Plante			Treasurer Name Dennis M. Plante		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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) <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	Par Value
2,000 COMM NO PAR VALUE			200	common	no par value

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



82642

File Date 2-18-05

Check No. 1604

By: 163-

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

Dennis M. Plante

Print or Type Name of Officer

President

Title of Officer



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No 82642		2 Name of Corporation D&M LIQUORS, INC. , d/b/a Nikki's Liquors			
3 Street Address Principal Business Office 689 Oaklawn Avenue		City Cranston		State RI	Zip 02920
4 Business Phone No (401)946-1650		5 State of Incorporation RHODE ISLAND			6 SIC Code 3251
7 Brief Description of the Character of Business Conducted in Rhode Island TO MAINTAIN AND OPERATE A LIQUOR STORE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dennis M. Plante			Vice President Name Dennis M. Plante		
Street Address 442 Farnum Pike			Street Address 442 Farnum Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Dennis M. Plante			Treasurer Name Dennis M. Plante		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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) <input type="checkbox"/> AUTHORIZED SHARES			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
2,000 COMM NO PAR VALUE			200	common	no par value

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



* 8 2 6 4 2 *

File Date 2/23/04
Check No. 1521
By: SC

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

Dennis M. Plante

Print or Type Name of Officer

President

Title of Officer

Date

2/4/04



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **82642** 2. Name of Corporation **D&M LIQUORS, INC. d/b/a Nikki's Liquors**
3. Street Address Principal Business Office **689 Oaklawn Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 946-1650** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**

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

Maintain and operate a liquor store and other lawful purpose

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

President Name Dennis M. Plante Street Address 442 Farnum Pike City Smithfield State RI Zip 02917	Vice President Name Dennis M. Plante Street Address 442 Farnum Pike City Smithfield State RI Zip 02917
Secretary Name Dennis M. Plante Street Address same as above City same as above State RI Zip 02917	Treasurer Name Dennis M. Plante Street Address same as above City same as above State RI Zip 02917

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

Director Name NONE Street Address City State Zip 	Director Name Street Address City State Zip
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
2,000 COMM NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
200	common	no par value

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



* 8 2 6 4 2 *

File Date: **5-28-03**

Check No.: **10287**

By: **Du**

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: **Dennis M. Plante** Date: **5/19/03**

Print or Type Name of Officer: **Dennis M. Plante**

Title of Officer: **President**



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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82642** 2. Name of Corporation **D&M LIQUORS, INC. d/b/a Nikki's Liquors**
3. Street Address Principal Business Office **33 Smithfield Road** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **(401) 861-9006** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**

7. Brief Description of the Character of Business Conducted in Rhode Island
Maintain and operate a liquor store and other lawful purpose

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

President Name Dennis M. Plante			Vice President Name Dennis M. Plante		
Street Address 442 Farnum Pike			Street Address 442 Farnum Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Dennis M. Plante			Treasurer Name Dennis M. Plante		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip

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

Director Name NONE			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
2,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	common	no par value

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



* 8 2 6 4 2 *

File Date: 3-4-02

Check No.: 122

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

Date

Dennis M. Plante

Print or Type Name of Officer

President

Title of Officer



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

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



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. **82642** 2. Name of Corporation **D&M LIQUORS, INC. d/b/a Nikki's Liquors**
3. Street Address Principal Business Office **33 Smithfield Road** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **(401) 86109006** 5. State of Incorporation **RHODE ISLAND** 6. **82642**

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

Maintain and operate a liquor store and other lawful purpose

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

President Name	Vice President Name
Dennis M. Plante	Dennis M. Plante
Street Address	Street Address
442 Farnum Pike	441 Farnum Pike
City	City
Smithfield	Smithfield
State	State
RI	RI
Zip	Zip
02917	02917
Secretary Name	Treasurer Name
Dennis M. Plante	Dennis M. Plante
Street Address	Street Address
same as above	same as above
City	City
State	State
Zip	Zip

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

Director Name	Director Name
NONE	
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000 SHS	COMM	NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	common	no par value

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



* 8 2 6 4 2 *

File Date: 2/26

Check No.: 1479

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] 2/26/01
Signature of Officer Date

Dennis M. Plante

Print or Type Name of Officer

President

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
401-222-3040



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. **82642** 2. Name of Corporation **D&M LIQUORS, INC. d/b/a Nikki's Liquors**
3. Street Address Principal Business Office **33. Smithfield Road** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **(401) 861-9006** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**

7. Brief Description of the Character of Business Conducted in Rhode Island
Maintain and operate a liquor store and other lawful purpose

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

President Name Dennis M. Plante Street Address 442 Farnum Pike City Smithfield State RI Zip 02917	Vice President Name Dennis M. Plante Street Address 442 Farnum Pike City Smithfield State RI Zip 02917
Secretary Name Dennis M. Plante Street Address same as above City _____ State _____ Zip _____	Treasurer Name Dennis M. Plante Street Address same as above City _____ State _____ Zip _____

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

Director Name NONE Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____
Director Name Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____

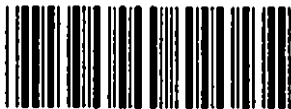
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
2,000 SHS COMM NO PAR VAL		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
200	common	no par value

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



* 8 2 6 4 2 *

File Date: 5/16/00

Check No.: 1323

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 [Signature] Date _____

Dennis M. Plante

Print or Type Name of Officer

President

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
401-222-3040



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. 82642		2. Name of Corporation D&M LIQUORS, INC., d/b/a Nikki's Liquors	
3. Street Address Principal Business Office 121 Lubec Street		City Providence	State RI
4. Business Phone No. (401) 861-9006		5. State of Incorporation RHODE ISLAND	6. SIC Code 3251
7. Brief Description of the Character of Business Conducted in Rhode Island Maintain and operate a liquor store and other lawful purpose			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Dennis M. Plante		Vice President Name Dennis M. Plante	
Street Address 442 Farnum Pike		Street Address 442 Farnum Pike	
City Smithfield	State RI	City Smithfield	State RI
Secretary Name Dennis M. Plante		Treasurer Name Dennis M. Plante	
Street Address same as above		Street Address same as above	
City Smithfield	State RI	City Smithfield	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State NONE	City NONE	State NONE
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State NONE	City NONE	State NONE
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES	
Number of Shares 2,000 SHS COMM NO PAR VAL	Class/Series NO PAR VAL	Number of Shares 200	Class/Series common
		Par Value no par value	

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



File Date: **03/31-99**
Check No.: **2035**
By: **JD**

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: **Dennis M. Plante** Date: **2/28/99**
Print or Type Name of Officer: **Dennis M. Plante**
Title of Officer: **President**



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 FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

82642

2. Name of Corporation

D&M LIQUORS, INC.

3. Street Address Principal Business Office

121 Lubec Street

City

Providence

State

RI

Zip

02904

4. Business Phone No.

(401) 861-9006

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3251

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

maintain and operate a liquor store and other lawful purpose

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

President Name

Dennis M. Plante

Vice President Name

Dennis M. Plante

Street Address

442 Farnum Pike

Street Address

442 Farnum Pike

City

Smithfield

State

RI

Zip

02917

City

Smithfield

State

RI

Zip

02917

Secretary Name

Dennis M. Plante

Treasurer Name

Dennis M. Plante

Street Address

same as above

Street Address

same as above

City

State

Zip

City

State

Zip

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

Director Name

NONE

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

2,000 SHS COMM NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

common

no par value

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



* 8 2 6 4 2 *

File Date:

4.27.98

Check No.:

1564

By:

1UP

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

Dennis M. Plante

Date

2/18/98

Print or Type Name of Officer

President

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. 82642 2. Name of Corporation D & M LIQUORS, INC.
3. Street Address Principal Business Office 121 Lubec Street City Providence State RI Zip 02904
4. Business Phone No. (401) 861-9006 5. State of Incorporation Rhode Island 6. SIC Code 3251
7. Brief Description of the Character of Business Conducted in Rhode Island

maintain and operate a liquor store and other lawful purpose

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

President Name Dennis M. Plante Vice President Name Dennis M. Plante
Street Address 442 Farnum Pike Street Address same as above
City Smithfield State RI Zip 02917 City State Zip
Secretary Name Dennis M. Plante Treasurer Name Dennis M. Plante
Street Address same as above Street Address same as above
City State Zip City State Zip

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

Director Name NONE 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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	common	no par value	200	common	no par value

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

File Date: 3-5-97
Check No. 1065
By: 10P

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 [Signature] Date
Print or Type Name of Officer
Dennis M. Plante
Title of Officer
President

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. 82642		2. NAME OF CORPORATION D&M LIQUORS, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 121 Lubec Street,		CITY Providence	STATE RI	ZIP CODE 02904	
4. BUSINESS PHONE NO. (401) 861-9006		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 3251
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND maintain and operate a liquor store and other lawful purpose					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Dennis M. Plante			VICE PRESIDENT NAME Michael C. Tullo, III		
STREET ADDRESS 442 Farnum Pike			STREET ADDRESS 1530 Douglas Avenue, Apt. 6		
CITY Smithfield,	STATE RI	ZIP CODE 02917	CITY North Providence	STATE RI	ZIP CODE 02904
SECRETARY NAME Michael C. Tullo, III			TREASURER NAME Dennis M. Plante		
STREET ADDRESS Same as Above			STREET ADDRESS Same as Above		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME NONE			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2,000 SHS COMM NO PAR VAL			200	Common	No Par Value

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:

5/1/96

Check No:

680

By:

CC

For Secretary of State Use Only

Signature of Officer

Dennis M. Plante

Print or Type Name of Officer

President

Title of Officer

5/1/96 CC
Date

DETACH BOTTOM BEFORE RETURNING