



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 136058		2. Name of Corporation ALLIED BEVERAGE COUNCIL			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 5 Blount Circle		City Barrington	Zip 02806
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROMOTE THE GENERAL WELFARE, PROGRESS AND DEVELOPMENT OF THE ALCOHOLIC BEVERAGE INDUSTRY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NONE			Vice President Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Amos Shepard			Treasurer Name NONE		
Street Address 5 Blount Circle			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Amos Shepard			Director Name Frank Botelho		
Street Address 5 Blount Circle			Street Address 99 West Main Road		
City Barrington	State RI	Zip 02806	City Middletown	State RI	Zip 02842
Director Name Joseph Muldowney			Director Name Charles S. Fradin		
Street Address 163 Empire Street			Street Address 121 Hopkins Hill Road		
City Providence	State RI	Zip 02903	City West Greenwich	State RI	Zip 02817
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name AMOS SHEPARD			Address		
Address 5 BLOUNT CIRCLE			City BARRINGTON	Zip 02806	

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



136058

File Date	6-17-05
Check No.	12528
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.

Signature of Officer

Date

Amos Shepard

Print or Type Name of Officer

Executive Secretary

Title of Officer



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File Date	9/16/04
Check No.	12231
By:	DA
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

Amos Shepard

Print or Type Name of Officer

Executive Secretary
Title of Officer

9/2/04
Date