

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

1 Corporate ID No. 1 136058	2. Name of Corporation ALLIED BEVERAGE COUNCIL					
3 State of Incorporation		COUNCIL In Rhode Island - Street Add	Iros	Gitr	Zip	
RHODE ISLAND	5 Blount			Barrington	02806	
5. Foreign corporation. Enter principal office address			Cuy	State	ZIp	
6 Urlef Description of the chan	neter of the affairs which as	v actually conducted in Khoa	le Island	l		
			PMENT OF THE ALCOHOLIC B	EVERAGE INDUSTRY		
7. NAMES AND ADDRE	SSES OF THE OFFICE	ERS: ("X" BOX FOR ATT)	ACHMENT) [FILL IN SPACE	S BEFORE USING ATTAC	CHMENTS	
President Name			Vice President Name			
NONE			NONE			
Siner Address			Street Address			
City	State	Zip	City	State	Zip	
Secretary Name			Treasurer Name	<u>_</u>	-	
Amos Shepard			NONE			
Street Address 5 Blount Circle			Street Address			
Cuy	State	Zip	City	State	Zip	
Barrington	RI	02806	 <i>Tachment</i> ∏ Fill in Space			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND Director Name Amos Shepard			Director Name Frank Botelho Street Address			
5 Blount Circle	,		99 West Main			
Barrington	State R1	ο2806	Middletown	State R1	02842	
Director Name Joseph Muldowney			Objector Name Charles S. Fradin			
Sinct Address 163 Empire Street			Sircer Address 121 Hopkins Hill Road			
Providence	State R1	2tp 02903	West Greenwich	State	2φ 02817	
	I		anges require filing of Forn	RI		
Agent Name		DO NOT ALTER - CII	Address	11 041 · K.I.Q.I /·0·13 /	/·U-/K	
AMOS SHEPARD						
Address			City	Zip		
5 BLOUNT CIRCLE	 	·	BARRINGTON	0280)6	
This report must	be signed in ink by	either the President, Vic	e President, Secretary. Assista	nt Secretary, Treasurer, R	deceiver or Trustee	
			Upder penalty of p	etjury. declare and affirm	that I have examined this	
(2)	136058 / >-UF		statement: contained	accompanying schedules a therein are true and correct.		
	••••	-]	Signature of Officer	5	6.10.05	
Check No 12 52	8		Amos Shepa		Daie	
Ву:		_	Print or Type Name o	of Officer		
FOR SECRETARY C	OF STATE USE ONLY		Executive S	ecretary		
<u></u>			Title of Officer		Form 631 Rev. 04/04	



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RHODE ISLAND	5 Blount		Barrington					
5. Foreign corporation. Enter principal office address			[Gity	State	Zip			
					,			
6 Brief Description of the character of	of the affairs which are ac	nally conducted in Rhode	Island	<u> </u>	<u></u>			
TO PROMOTE THE GENE	RAL WELFARE, PRO	GRESS AND DEVELO	PMENT OF THE ALCOHOLIC BE	VERAGE INDUSTR	Y			
	OF THE OFFICERS	: ("X" BOX FOR ATTAC	CHMENT) 📋 FILL IN SPACES B	EFORE USING ATT	ACHMENTS			
President Name			Vice President Name					
None			None					
Street Address			Sinvi Address					
City	Latin.	1778		-r				
Cuk	State	Ζtp	City	State	· Zip			
Secretary Name	<u> </u>	L		_}	J			
			Trasure Name					
Amos Shepard			None Street Address					
5 Blount Circle			Shrt Adings					
City	State	Zip	City	State	Zip			
Barrington	RI	02806	v		,			
	•		ACHMENT)∏ FILL IN SPACES F	I BEFORE USING ATT	TACHMENTS			
l .			CORPORATION SHALL NOT					
Director Name			Director Name					
Amos Shepard			Frank Botelho					
Since Address			Street Address					
5 Blount Circle			99 West Main Road					
City	State	Zip	City	Sinte	Zip			
Barrington	RI	02806	Middletown	RI	02842			
Director Name			Director Name					
Joseph Muldowney			Charles S. Fradin					
Street Address			Street Address					
163 Empire Street			121 Hopkins Hill Road					
Cliy	State	Zip	City	State	Zip			
Providence	RI	02903	West Greenwich	RI	02817			
	RHODE ISLAND - DO	O NOT ALTER - Cha	nges require filing of Form 6	41 - R.J.G.L. 7-6-13	3 / 7-6-78			
Agent Name AMOS SHEPARD			Address					
<u> </u>					 			
Addres 5 PLOUNT CIPCLE			City	Zip	1 '			
5 BLOUNT CIRCLE			BARRINGTON 02806-		02806-			
This report must be s	igned in ink by eith	er the President, Vice	President, Secretary, Assistant !	Secretary, Treasurer	. Receiver or Trustee			
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