



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Divis.  
100 North Main St  
Providence, RI 02903-15  
401.222.30

# 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. 95262		2. Name of Corporation VIPRA, INC.			
3. Street Address Principal Business Office 1621 ELMWOOD AVE		City CRASTON	State RI	Zip 02910	
4. Business Phone No. 401 667 8979		5. State of Incorporation RHODE ISLAND		6. SIC Code 3251	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, OPERATE, LEASE & DO BUSINESS AS 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 YATIN PATEL			Vice President Name		
Street Address 1621 ELMWOOD AVE			Street Address		
City CRASTON	State RI	Zip 02910	City	State	Zip
Secretary Name YATIN PATEL			Treasurer Name		
Street Address 1621 ELMWOOD AVE			Street Address		
City CRASTON	State RI	Zip 02910	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 YATIN PATEL			Director Name		
Street Address 1621 ELMWOOD AVE			Street Address		
City CRASTON	State RI	Zip 02910	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					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	NO PAR
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



File Date	3-1-05
Check No.	4027
By:	2
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: Yatin Patel  
Date: \_\_\_\_\_  
Print or Type Name of Officer: YATIN PATEL  
Title of Officer: PRESIDENT



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 IN BLACK)

1. Corporate ID No. 95262		2. Name of Corporation VIPRA INC			
3. Street Address Principal Business Office 1621 ELMWOOD AVE		City CRANSTON	State RI	Zip 02910	
4. Business Phone No. 401-467-8979		5. State of Incorporation RHODE ISLAND			6. SIC Code 3251
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL LIQUOR STORE					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (X-BOX FOR ATTACHMENT) ■ FILL IN SPACES BEFORE USING ATTACHMENT 8</b>					
President Name YATIN PATEL			Vice President Name		
Street Address 1621 ELMWOOD AVE			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name YATIN PATEL			Treasurer Name		
Street Address 1621 ELMWOOD AVE			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (X-BOX FOR ATTACHMENT) ■ FILL IN SPACES BEFORE USING ATTACHMENT 9</b>					
Director Name YATIN PATEL			Director Name		
Street Address 1621 ELMWOOD AVE			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED (X-BOX FOR ATTACHMENT) ■</b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	COMMON	NO	100	COMMON	NO

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

File Date	9/21/04
Check No.	3898
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 Yatin Patel Date 9/21/04  
YATIN PATEL  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



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 02903-13  
401-222-30

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. 95262 2. Name of Corporation VIPRA, INC.  
3. Street Address Principal Business Office 1621 ELMWOOD AVE City CRANSTON State RI Zip 02910  
4. Business Phone No. 5. State of Incorporation RHODE ISLAND 6. SIC Code 3251  
7. Brief Description of the Character of Business Conducted in Rhode Island  
LIQUORS STORE RETAILERS

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

President Name <u>YATIN PATEL</u>	Vice President Name _____
Street Address <u>1621 ELMWOOD AVE</u>	Street Address _____
City <u>CRANSTON</u> State <u>RI</u> Zip <u>02910</u>	City _____ State _____ Zip _____
Secretary Name <u>YATIN PATEL</u>	Treasurer Name <u>YATIN PATEL</u>
Street Address <u>SAME</u>	Street Address <u>SAME</u>
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 <u>YATIN PATEL</u>	Director Name _____
Street Address <u>SAME</u>	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 1,000 NO PAR VALUE Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_

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

ISSUED SHARES  
Number of Shares 100 Class/Series COMMON Par Value NO

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



\* 9 5 2 6 2 \*

File Date: 2-11-03

Check No.: 3315

By: UP

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 Yatin Patel Date 2-10-03

Print or Type Name of Officer YATIN PATEL

Title of Officer PRESIDENT

Form 630 12/02



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 02903-1330  
401-222-3046



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.

95262

2. Name of Corporation

VIPRA, INC.

3. Street Address Principal Business Office

1621 ELMWOOD AVE

City

CRANSTON

State

RI

Zip

02910

4. Business Phone No.

467-8979

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3251

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

LIQUORS STORE RETAILERS

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

President Name

YATIN PATEL

Vice President Name

Street Address

1621 ELMWOOD AVE

Street Address

City

CRANSTON

State

RI

Zip

02910

City

State

Zip

Secretary Name

YATIN PATEL

Treasurer Name

YATIN PATEL

Street Address

SAME

Street Address

SAME

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

YATIN PATEL

Director Name

Street Address

SAME

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

1,000 NO PAR VALUE

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

100

Class/Series

COMMON

Par Value

NO

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



\* 9 5 2 6 2 \*

File Date: 3-1-02

Check No. 2904

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

Yatin Patel 1-4-02  
Signature of Officer Date

YATIN PATEL  
Print or Type Name of Officer

Title of Officer  
5



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1  
401-222-31



**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. **95262** 2. Name of Corporation **VIPRA, INC.**  
3. Street Address Principal Business Office **1621 ELMWOOD AVENUE** City **CRASTON** State **RI** Zip **02910**  
4. Business Phone No. **401 467 8979** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**

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

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

President Name **YATIN PATIL** Vice President Name  
Street Address  
City **975 READ ST** State **MA** Zip **02703**  
Secretary Name **BITLERBORO** Treasurer Name  
Street Address **SITILBY WA**  
City **2105 WAKE ROBIN RD** State **RI** Zip **02865**

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

Director Name **YATIN PATIL** Director Name  
Street Address  
City **LAMET** 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  
**1,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1000 COMMON NO**

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



\* 9 5 2 6 2 \*

File Date: **3-1-01**  
Check No: **2540**  
By: **UP**  
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 **Yatin Patil** Date  
Print or Type Name of Officer **YATIN PATIL**  
Title of Officer **PRZS**



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 02903-1401  
401-222-3400



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. **95262** 2. Name of Corporation **VIPRA, INC.**

3. Street Address Principal Business Office **1621 ELMWOOD AVE** City **CRANSTON** State **RI** Zip **02910**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3251**

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

**LIQUORS STORE RETAILERS**

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

President Name <b>YATIN PATEL</b> Street Address <b>1621 ELMWOOD AVE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02910</b> Secretary Name <b>YATIN PATEL</b> Street Address _____ City _____ State _____ Zip _____	Vice President Name _____ Street Address _____ City _____ State _____ Zip _____ Treasurer Name <b>YATIN PATEL</b> Street Address _____ City _____ State _____ Zip _____
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9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>YATEL PATEL</b> Street Address <b>SAME</b> City _____ State _____ Zip _____ Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____ Director Name _____ Street Address _____ City _____ State _____ Zip _____
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10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>COMMON</b>	<b>NO</b>

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



\* 9 5 2 6 2 \*

File Date: **PAID** **2/29/00**  
Check No.: **2148**  
By **SECY OF STATE**  
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 **Yatin Patel** Date **2/2/00**  
Print or Type Name of Officer **YATIN PATEL**  
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 02903-1  
401-222-3

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>95262</b>		2. Name of Corporation <b>VIPRA, INC.</b>	
3. Street Address Principal Business Office <b>1621 ELMWOOD AVE</b>		City <b>CRANSTON</b>	State <b>RI</b>
4. Business Phone No. <b>467 8979</b>		5. State of Incorporation <b>RHODE ISLAND</b>	Zip <b>02910</b>
6. SIC Code <b>3251</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>LIQUORS STORE RETAILERS</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>YATIN PATEL</b>		Vice President Name	
Street Address <b>1621 ELMWOOD AVE</b>		Street Address	
City <b>CRANSTON</b>	State <b>RI</b>	City	State
Zip <b>02910</b>		Zip	
Secretary Name <b>YATIN PATEL</b>		Treasurer Name <b>YATIN PATEL</b>	
Street Address <b>SAME</b>		Street Address <b>SAME</b>	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>YATIN PATEL</b>		Director Name	
Street Address <b>SAME</b>		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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>1,000 NO PAR VALUE</b>		<b>100</b>	<b>COMMON</b>
Par Value		Par Value	
		<b>NO</b>	

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



\* 9 5 2 6 2 \*

File Date: Mar 1, 1999

Check No.: 1719

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: Yatin Patel Date: 2/12/99

Print or Type Name of Officer: YATIN PATEL

Title of Officer: PRES.



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 02903-1  
401-277-3

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. 95262 2. Name of Corporation VIPRA, INC.

3. Street Address Principal Business Office

1621 ELMWOOD AVE

City

CRANSTON

State

RI

Zip

02910

4. Business Phone No.

467 8979

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3251

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

LIQUORS STORE RETAILERS

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

President Name

Vice President Name

Street Address

YATIN PATEL

Street Address

City

State

Zip

1621 ELMWOOD AVE

CRANSTON RI

02910

City

State

Zip

Secretary Name

YATIN PATEL

Treasurer Name

YATIN PATEL

Street Address

SAME

Street Address

SAME

City

State

Zip

City

State

Zip

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

Director Name

Director Name

Street Address

YATIN PATEL

Street Address

SAME

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

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

NO

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



\* 9 5 2 6 2 \*

File Date:

2.27.98

Check No.:

1204

By:

WP

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.

Yatin Patel

Signature of Officer

Date

YATIN PATEL

Print or Type Name of Officer

PRES

Title of Officer