

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

Matthew A. Brown, Secretary of State

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

401.222.30

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 95262 VIPRA, INC. 3. Street Address Principal Business Office State Zin CRALLTON 029 10 1621 HMWOOD 4. Business Phone No. 5 State of Incorporation 6. SIC Code 401 3251 **RHODE ISLAND** 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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name PATEL 1ATIN Street Adliness Sirect Address HUMW BOD BUZ City Ζip Con State Ζφ Treasurer Nam Secretary Name Street Add Sireei Address 8VZ MOON City State Cin State Ziρ 02-910 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name YATIN PATTL Street Address Street Address HM WOO D City Zip Director Name Director Name Street Address Street Address State City Zφ State Zip City 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 Number of Shares Class/Series Par Value 1,000 NO PAR VALUE POR 40 100 (operion This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date 4027 Check No. FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and a including any accompanying schedules contained herein are true and correct.	and statements, and that all statem
Signature of Officer	Date
YATW PATEL Prins or Type Name of Officer	
PRZS DBWT Tule of Officer	
	C (20.1) 12.63

Form 630 Rev. 12/03



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

iling Period: January 1	- March I 🏓 Fili	ing Fee: \$50.00			
ORM MUST BE TYPED IN					
Corporate ID No	2 Name of Corpora	tion			
95262	VIPRA INC				1.2.
Street Address Principal Busi	iness Office		City	State	Zip
1621 ELMWOOD AVE			CRANSTON	RI	02910
Business Phone No.		5. State of Incorporation			6. SIC Code
401-467-8979		RHODE ISLAN			3251
Brief Description of the Cha		icted in Rhode Island			
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ATIN PATEL			•		
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1621 ELMWOOD AVE			•		
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CRANSTON	RI	02910	•		
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Director Name	ஜ்ஜ்ஷ் பாவர்க்	CA O CO PARADONIA ON	Director Name		
YATIN PATEL			•		
			Street Address		
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1621 ELMWOOD AVE				State	Zip
City	State	Zip	·City ·	j siare	rap
CRANSTON	RI	02910	.)
Director Name			Director Name		
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his report must he sign	i ed in ink by eithei	r the President, Vice I	President, Secretary, Ass	sistant Secretary, Treas	urer, Receiver of Iru
				erjury, I declare and affirm	
		<u></u>		ng any accompanying scho	
	1 .		and that all statem	ents contained herein are tr	ue and correct.
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File Date 4	. 1 0 1	.	ful la	<i>t</i> :(·	417104
າ ຕ	90		Signature of Officer		Date
Check No. 38	<u> </u>	-	YATIN PA	. ——	<u></u>
Λ.			Print or Type Name	of Officer	
By:	<u> </u>	- 1	PRESIDE	NT	
FOR SECRETARY OF STAT	E USE ONLY		Title of Officer		Form 630
			····· of Office.		050



Edward S. Inman, III, Secretary of St. Corporations Divisi

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

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II ORM MUST BE L'TPEU 1. Corporate ID No.	O OR PRINTED IN BLACK) 2. Name of Corporal	ion			
95262	VIPRA, INC.				
3. Street Address Princip	1621 ELMWOOD AVE		Cranston	State RI	Zip 02910
4. Business Phone No.		5. State of Incorporati	ion		6. SIC Code
7. Brief Description of th	c Character of Husiness Conducted to LIQUORS STORE RET	RHODE ISLA	ND		3251
	ADDRESSES OF THE OFFI	CERS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING ATTAC	CHMENTS
President Name	YATIN PATEL		Vice President Name		
Street Address	1621 ELMWOOD AVE		Street Address		
CRANSTON	State RI	Zφ 02910	City	State	Zip
Secretary Name			Treasurer Name		
Street Address SAMI	PATEL		Succel Addres YATIN PAT SAM		
City	State	Zip	City	State	Zip
9. NAMES AND A	ADDRESSES OF THE DIRE	CTORS (*X* BOX FOR .	ATTACHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATT	ACHMENTS
Street Address SAN	1E .		Street Address		
City	State	Zıp	City	State	Zip
Director Name			Director Name		•…••
Street Address			Street Address		
City	State	Zip	City	State	Zip .
10. SHARES AUTI	HORIZED (*x* box for att	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must	be signed in ink by eith	ier the President, Vi	ce President, Secretary, Ass	istant Secretary, Treas	urer, Receiver or Tru

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File Date:	2-11-03
Check No.:	3315
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FOR SECRETA	RY OF STATE USE ONLY

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. Y . .

July Parte.	2-10-03
Signature of Officer	Date

זמוזי	or	T) pe	Name	of O	ficer	

PRESIDENT

Title of Officer

Form 630 12/02



Edward S. Inman, III. Secretary of Sta Corporations Dissin 100 North Main Street, Providence, RI 02903-13; 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002



Filing !	Period: January	1-March 1 • F	iling Fee: \$50.00	1. 1. 1. 1.		_
(FORM MI	UST BE TYPED IN BLAC	CK)				
1 Corporat	te ID No 262	2 Name of Corporation VIPRA, INC.	-	•		
3 Street Ad	dress Principal Business C	•	•	City	State	Zip
4 Business	1621 ELMWC	OOD AVE	5 State of Incorporation	CRANSTON	RI	02910 6 SIC Code
7 Brief Des	467-8979 scription of the Character	of Business Conducted in RI	RHODE ISLAND	·		325
8. NAM	ES AND ADDRESS	ORE RETAILE	RS RS ("x" box for attach	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACI	HMENTS
	YATIN PATE	EL				
Street Addre	ess			Street Address		
	1621 ELMWC	OOD AVE				
City	CRANSTON	State RI	02910	City	State	Zip
Secretary N	ame YATIN PATI	E L		Freesurer Name YATIN PA	rel .	, ,
Street Addre	SAME			SAME		
City		State	Zip	City	State	Zip
9. NAM Director Na		ES OF THE DIRECT	TORS ("x" BOX FOR ATTAC	CHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATTA	CHMENTS
Street Addre	YATIN PAT	EL		Street Address		
Сиу	SAME	State	Zip	City	State	Zıp
Director Na	me	•		Director Name		
Street Addre	ess			Street Address		
Сиу		State	Zip	City	State	Zip
10. SHAI) ("X" BOX FOR ATTACH	IMENT)	11. SHARES ISSUED (ISSUED SHARES	"X" BOX FOR ATTACHMENT)	
Number of : 1,000 l	Shares NO PAR VALUE	Class/Series	Par Value	Number of Shares	Class/Series COMMON	Par Value N O

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

Title of Officer



File Date:	3-1-62	
Check No	2904	_
Ву:	Zı	٠
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 begon are true and correct

Signature of Officer	1-4-02
Signature of Officer	Date
YATIN PATEL	
Print of Type Name of Officer	

<u>YATIN PA</u>	rel	
Print or Type Name of Officer	·	

Form 630 12/01

Corporations Divis 100 North Main Street, Providence, RI 92903-1. 401-222-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001



riling Perioa: janua	ary 1- march 1 •	Filing Fee: \$50.00			INSTRU
(FORM MUST BE TYPED IN	BLACK)				
1 Corporate ID No	2. Name of Corpor	ation		•	
95262	VIPRA, I	NC.			
3 Street Address Principal Busi	ness Office		City	State	Zip
1621	FLMWOOD	AVENULE	CROUSTON	A)	0.2910
4. Business Phone No.		5 State of Incorporation	(1000100	•	6. SIC Code
HO1 467 8	979	RHODE ISLAND			3251
7 Brief Description of the Char	, ,	in Rhode Island			
	rttail	B212×067 \$	LIQUOR.		
8 NAMES AND ADDE	•	FICERS ("X" BOX FOR ATTACH		BEFORE USING ATTACHM	IENTS
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Y 47/N	PATH				
Street Address	PATZ		Street Address		
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City	State	Zip	City	State	Zip
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City	State	Zip	City	State	Zip
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9. NAMES AND ADDI Director Name	(ESSES OF THE DIE	RECTORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTACE	IMENIS
	. 00-70.		Director William		
Street Address YATA	PATEL_		Street Address		
J.A.					
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Donat - Non			O and Name		-
Director Name			Director Name		
Carran Address			Charles A. A. Real		
Street Address			Street Address		
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10. SHARES AUTHORI	IZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*,	X" BOX FOR ATTACHMENT)	
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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 *	Under penalty of perjury, I declare and affirm that I have ex this report, including any accompanying schedules and state	
File Date:	3·1·01 7540	that all statements contained herein are true and correct. Signature of Officer Date)
Ву	ARY OF STATE USE ONLY	Pribt or type Name of Officer PRZS Title of Officer	



James R. Langevin, Secretary of S Corporations Divis 100 North Main Street, Providence, RI 02903-1

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 City State Zic 1621 ELMWOOD AVE CRANSTON RI 02910 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island LIQUORS STORE RETAILERS **FILL IN SPACES BEFORE USING ATTACHMENTS** 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name YATIN PATEL Street Address Street Address 1621 ELMWOOD AVE City City State Zip CRANSTON 02910 Secretary Name YATIN PATEL YATIN PATEL Street Address Street Address City State 210 City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name YATEL PATEL Street Address Street Address SAME City City State Zip State Zip Director Name Director Name Street Address Street Address City 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 Number of Shares Class/Series Par Value 1,000 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 Trus



File Date:	PAID WY X
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Check No.:	FEB 2 9 2000 '}\

Ву	SECY OF STATE	. .
FOR SECRETARY	OF STATE USE ONLY	

YATIN PATEL PRESIDENT

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a

that all statements contained herein are true and correct.

Title of Officer



FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of S. Corporations Divis 100 North Main Street, Providence, RI 02903-1 401-222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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(FORM MUST BE T	: January I-March I • ·	Filing Fee: \$50.0	U		TYSTRE CTR
1. Corporate ID No. 952	2. Name of Corpora				
3. Street Address Prin	cipal Business Office		City	State	02910
4. Business Phone No	1621 ELMWOOD AVE	6 State of Instance	CRANSTON	RI	6. SIC Code
	467 8979	S. State of Incorporal RHODE ISL			3251
•	f the Character of Business Conducted i				
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President Name	ADDRESSES OF THE OFF	ICER2 (-x- BOX FOR N	Vice President Name	S BEFORE USING AT IA	CHMENIS
	YATIN PATEL		•		· · · · · <u>-</u> · <u>-</u> · · -
Street Address .	1621 ELMWOOD AVE		Street Address		
City (CRANSTON State RI	7002910	City	State	Zip
Secretary Name	•		Treasurer Name		
	IN PATEL		YATIN PATEL		
SAN	1E		Street Address .SAME		
City	State	Zip	City	State	Zip
0 2/42/06 42/0	ADDRESSES OF THE DIR	CTORE (sus nov con	ATTRACTOR ET I IN COA	CES BEFORE USING ATI	FACUMENTS.
Director Name	TIN PATEL	ECTORS ("X" BOX FOR	Director Name	CES BEFORE USING AT	IACHMENIS .
Street Address			· Street Address		
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Director Name			Director Name	· · · · · · · · · · · · · · · · · · ·	
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	× 7 3 2 0 (•		ding any accompanying sc	
	0011.44/110		that all statemen	ts contained herein are tru	ie and correct.
File Date:	TWIMP 1120		Jest.	furted	2/12/99.
	1319		Signature of Officer		Date

YATIN PATEL
Print or Type Name of Officer
PRES.

Title of Officer



James R. Langevin, Secretary of S Corporations Divi: 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 E	E TYPED IN BLAC	K)	•			TANK OF
1. Corporate ID 1	Vo	2. Name of Corporation	on		 -	
	95262 Principal Business 0, 1621 ELM	VIPRA, INC.		CHY CRANSTON	 State RI	02910
4. Business Phon	e No.		5. State of Incorporation		•	6. SIC Code
	467 8979		RHODE ISLAND	1		3251
7. Brief Description		f Business Conducted in STORE RETA	Rhode Island	_	· · · •	•
8. NAMES A President Name			CERS ("X" BOX FOR ATTACH	MENT) Vice President Name		• ### # 1 **
	YATIN PA	TEL				
Street Address	1621 ELM	WOOD AVE		Street Address		
City	CRANSTON	State RI	<i>zı,</i> 02910	City	State	Zip
Secretary Name			••	Trensurer Name		••• ••• ••
Street Address	YATIN PA	TEL		YATIN PATE	L	
	SAME				AME	
City		State	Zip	City	State	Zip
9. NAMES A Director Name	ND ADDRESSI	S OF THE DIREC	CTORS (*X* BOX FOR ATTA	CHMENT) Director Name		·
Street Address	- YATIN SAME	PATEL		Street Address		
City	•	State	Zip	· City	State	Zip
Director Name	•	•		Director Name		
Street Address				Street Address		
City		State	Zip	City	State	Zip
10. SHARES		(*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED) (*X* BOX FOR ATTACHMENT	n <u>.</u>
Number of Shares	•	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NC	PAR VÄLUE		•	100	COMMON	, NO
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This report r	must be signed	l in ink by eithe	er the President, Vice P	resident, Secretary, A	ssistant Secretary, Treas	urer, Receiver or Tru

	2.27.98	2 6 2 *
File Date:	1264	101-1
Check No.: _	WP	-177
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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.

Jesty Posty	
Signature of Officer	Date
YATIN PATEL	
Polat on These Manus of Offices	

YATIN	PATEL
D-1-0 a. W.s.	Manual - 4 0/0

Print or Type Name of Officer

PRES

Title of Officer