



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** **AMENDED** **ANNUAL REPORT FOR THE YEAR** 1999  
Filing Period: January 1-March 1 • ~~Payment Due \$50.00~~

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0054493 2. Name of Corporation STATELINE WINE & SPIRITS, INC.  
3. Street Address Principal Business Office 880 Central Avenue City Pawtucket State RI Zip 02861  
4. Business Phone No. 723-7474 5. State of Incorporation Rhode Island 6. SIC Code 3251

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

Retail sale of beer, wine, liquor, lottery, cigars and all lawful business allowed in the State of Rhode Island.

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

| President Name          | Vice President Name     |
|-------------------------|-------------------------|
| KENNETH J. DALBY        | KENNETH J. DALBY        |
| Street Address          | Street Address          |
| 450 Armistice Boulevard | 450 Armistice Boulevard |
| City                    | City                    |
| Pawtucket               | Pawtucket               |
| State                   | State                   |
| RI                      | RI                      |
| Zip                     | Zip                     |
| 02861                   | 02861                   |
| Secretary Name          | Treasurer Name          |
| HAROLD DALBY            | KENNETH J. DALBY        |
| Street Address          | Street Address          |
| 42 Lawrence Drive       | 450 Armistice Boulevard |
| City                    | City                    |
| East Providence         | Pawtucket               |
| State                   | State                   |
| RI                      | RI                      |
| Zip                     | Zip                     |
| 02914                   | 02861                   |

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

| Director Name  | Director Name  |
|----------------|----------------|
| None.          | None.          |
| Street Address | Street Address |
|                |                |
| City           | City           |
|                |                |
| State          | State          |
|                |                |
| Zip            | Zip            |
|                |                |
| Director Name  | Director Name  |
| None.          | None.          |
| 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            | COMMON       | NO PAR VALUE |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value    |
|------------------|--------------|--------------|
| 100              | 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: 9-17-99

Check No.: AMF

By: AMF

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 Kenneth J. Dalby Date 9-3-99

KENNETH J. DALBY

Print or Type Name of Officer

President

Title of Officer