



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 113108		2. Name of Corporation FAIRLAWN WINE COMPANY, INC.			
3. Street Address Principal Business Office 551 SMITHFIELD AVENUE			City PAWTUCKET	State RI	Zip
4. Business Phone No. 4017254215		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO SELL VARIOUS FORMS OF ALCOHOLIC BEVERAGES					
7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) [] FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name ALDA COLLINS			Vice President Name NONE		
Street Address 12 KENMORE WAY			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name ALDA COLLINS			Treasurer Name ALDA COLLINS		
Street Address 12 KENMORE WAY			Street Address 12 KENMORE WAY		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) [] FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) []					
10. SHARES ISSUED (X BOX FOR ATTACHMENT) []					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400	\$1.00 PAR VALUE		400	COMMON	\$400.00

This report must be executed on behalf of the corporation by an authorized representative. If the report is on behalf of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

MAY 06 2009

By DS

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.

Alda Collins
Signature of Officer Date

ALDA COLLINS

Print or Type Name of Officer

PRESIDENT

Title of Officer



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FILED

113108 DBC 01/23/06 12:44:05 PM
File Date MAY 06 2009
By [Signature]
Check No. 17
By [Signature]
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