



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2611  
401.222.3044

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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. <b>9898</b>	2. Name of Corporation <b>G.B. Liquidating Co.</b>
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3. Street Address Principal Business Office <b>361 Atwells Avenue</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
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4. Business Phone No. <b>401-421-4170</b>	5. State of Incorporation <b>Rhode Island</b>
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6. Brief Description of the Character of Business Conducted in Rhode Island  
**Retail liquor business and any lawful purpose**

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

President Name <b>Mark U. Gasbarro</b>	Vice President Name <b>Mark U. Gasbarro</b>
Street Address <b>361 Atwells Avenue</b>	Street Address <b>361 Atwells Avenue</b>
City <b>Providence</b>	City <b>Providence</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02903</b>	Zip <b>02903</b>

Secretary Name <b>Mark U. Gasbarro</b>	Treasurer Name <b>Mark U. Gasbarro</b>
Street Address <b>361 Atwells Avenue</b>	Street Address <b>361 Atwells Avenue</b>
City <b>Providence</b>	City <b>Providence</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02903</b>	Zip <b>02903</b>

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

Director Name <b>Mark U. Gasbarro</b>	Director Name <b>None</b>
Street Address <b>361 Atwells Avenue</b>	Street Address
City <b>Providence</b>	City
State <b>RI</b>	State
Zip <b>02903</b>	Zip

Director Name <b>None</b>	Director Name <b>None</b>
Street Address	Street Address
City	City
State	State
Zip	Zip

**9. SHARES AUTHORIZED** **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
	Number of Shares	Class/Series	Par Value
	40	common	No Par

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

FILED

File Date MAR 20 2012

Check No. \_\_\_\_\_

By: 4572

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 Mark U. Gasbarro Date 3/3/12

**Mark U. Gasbarro**

Print or Type Name

**President**

Title