

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213529081

1.) CORPORATION NAME:

**WINE AND SPIRITS SHIPPERS ASSOCIATION, INC.**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F0320087**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11800 SUNRISE VALLEY DRIVE  
SUITE 425

CITY/ST/ZIP: RESTON, VA 20191-5396

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LOUIS HEALEY	
TITLE:	PRESIDENT	
ADDRESS:	600 WASHINGTON AVE	
CITY/ST/ZIP/CO:	CARLSTADT, NJ 07072	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HOWARD JACOBS	
TITLE:	VICE PRESIDENT	
ADDRESS:	TEN PATTON DR	
CITY/ST/ZIP/CO:	WEST CALDWELL, NJ 07006	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	V JAMES ANDRETTA JR.	
TITLE:	COB	
ADDRESS:	132 FLATBUSH AVE	
CITY/ST/ZIP/CO:	KINGSTON, NY 12402-1608	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GIOVANNI CHIARELLI	
TITLE:	DIRECTOR	
ADDRESS:	149-10 183RD STREET	
CITY/ST/ZIP/CO:	JAMAICA, NY 11413	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT EPSTEN	
TITLE:	DIRECTOR	
ADDRESS:	550 E 13TH STREET	
CITY/ST/ZIP/CO:	N KANSAS CITY, MO 64116	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KIM GARY	
TITLE:	DIRECTOR	
ADDRESS:	650 36TH STREET SE	
CITY/ST/ZIP/CO:	WYOMING, MI 49548	

NAME: KENNETH J MANCINI TITLE: DIRECTOR ADDRESS: 119 HOPKINS HILL ROAD CITY/ST/ZIP/CO: WEST GREENWICH, RI 02817	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES MERINOFF TITLE: DIRECTOR ADDRESS: 16 BRIDGEWATER STREET CITY/ST/ZIP/CO: BROOKLYN, NY 11222	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DINA OPICI TITLE: DIRECTOR ADDRESS: 25 DE BOER DRIVE CITY/ST/ZIP/CO: GLEN ROCK, NJ 07452	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES RUBENSTEIN TITLE: DIRECTOR ADDRESS: 80 STOCKWELL DRIVE CITY/ST/ZIP/CO: AVON, MA 02322	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dave Pardus TITLE: DIRECTOR ADDRESS: 421 Wando Park Blvd. CITY/ST/ZIP/CO: Mt. Pleasant, SC 29464	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ LOUIS HEALEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LOUIS HEALEY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/21/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		