2007



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

Providence, RI o₌ 401.222.,

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

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1. Corporate ID No.	2. Name of Corporation				
87656	144 & Broadway	Food Center, Inc.	-	Torres .	Zip
3. Street Address Principal Business Office			City	State RI	02963
155 South Main Str	ect che Pati	rick Dougherty	Providence		
4. Business Phone No.		5. State of Incorporation			
401-273-9770 RHODE ISLAND					
6. Brief Description of the Character of Business Conducted in Rhode Island					
TO MAINTAIN, OPERATE, LEASE, OWN AND CONDUCT A WHOLESALE ANDRETAIL FOOD STORE OR SUPERMARKET.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
Euclides Grullon			Raymond Rodriquez		
Street Address			Street Address		
- 82 Lexingto	n Avenuc		82 Lexingto	/ 	
Providence	State R_T	zφ 02907	Providence	State RI	240 7 02907
Socretary: Name Treasurer Name					
Fuction Grullon			Raymond Rodriguez		
Street Address			Street Address		
82 Levington Avenue			82 Lexington AVENUC		
Providence	State T	2ip 02907	Providence	State R I	02°19.7
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		

Street Address Street Address ZipState City Zip State Director Name Director Name Ç Street Address Street Address State City State Zψ City 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED AUTHORIZED SHARES Par Value Number of Shares Par Value Class/Series Number of Shares 8,000 \$1.00 PAR VALUE 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. contained herein are true and correc FILE File Date GRULLON Check No.