



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

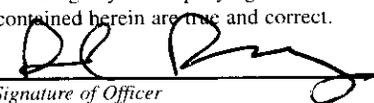
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

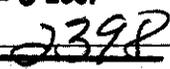
Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 71502		2. Name of Corporation Quisqueya Market, Inc.			
3. Street Address Principal Business Office 933 Broad Street			City Providence	State RI	Zip 02907
4. Business Phone No. (401) 785-9570		5. State of Incorporation Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Grocery store selling food, groceries, meats, soaps, detergents, household maintenance foods					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sandy Ramirez			Vice President Name David Ramirez		
Street Address 135 Betsy Williams Dr.			Street Address 135 Betsy Williams Dr.		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name David Ramirez			Treasurer Name Sandy Ramirez		
Street Address 135 Betsy Williams Dr.			Street Address 135 Betsy Williams Dr.		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	Common	No Par Value	2,000	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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 David Ramirez
Date 3/1/07
David Ramirez
Print or Type Name of Officer
Vice President
Title of Officer

File Date **FILED**
Check No. **OCT 15 2007**
By: 
FOR SECRETARY OF STATE USE ONLY