



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 02904-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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. 000153770		2. Name of Corporation Galilee Grocery, Inc	
3. Street Address - Principal Business Office 2 State Street		City Narragansett	State RI
4. Business Phone No. 401-783-5164		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Grocery/Deli			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Lawrence Galliot		Vice President Name Catherine Galliot	
Street Address 34 Goose Island Rd		Street Address 34 Goose Island Rd	
City Narragansett	State RI	City Narragansett	State RI
Zip 02882		Zip 02882	
Secretary Name Lawrence Galliot		Treasurer Name Catherine Galliot	
Street Address 34 Goose Island Rd		Street Address 34 Goose Island Rd	
City Narragansett	State RI	City Narragansett	State RI
Zip 02882		Zip 02882	
8. 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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES 200			
Number of Shares	Class/Series	Par Value	
200	/	0.01	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	
200	/	0.01	

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.

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 Catherine Galliot Date 4/14/08  
Print or Type Name Catherine Galliot  
Title VP, Treasurer

File Date **FILED**  
Check No. **APR 14 2008**  
By: KMC  
FOR SECRETARY OF STATE USE ONLY

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