

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(cod.)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.	(c&d)) is subject to a per 2. Name of Corpo				
94832		JPERMARKET, INC.			
3. Street Address Principal Business Office c/o Joseph Raheb, Esq., 650 Washington Hwy.			City Lincoln	State RI	<i>Zip</i> 02865
4. Business Phone No. 5. State of Incorpora (401) 333-3377 Shode Island		tion	·-		
6. Brief Description of the Co Supermarket	haracter of Business Conduct	ed in Rhode Island			
7. NAMES AND ADDE President Name	RESSES OF THE OFFIC	ERS: ("X" BOX FOR A	ATTACHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS
Joseph Kishfy			Vice President Name Joseph Kishfy		
Street Address			Street Address		
22 Dennell Drive			22 Dennell Drive		
City Lincoln	State RI	^{Zip} 02865	^{City} Lincoln	State RI	<i>Ζψ</i> 02865
Secretary Name Joseph Kishfy			Treasurer Name Joseph Kishfy		
Street Address 22 Dennell Drive			Street Address 22 Dennell Drive		
City Lincoln	State RI	<i>zip</i> 02865	^{City} Lincoln	State RI	^{Zφ} 02 885 Ψ
8. NAMES AND ADDR Director Name	RESSES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT) FILL II	N SPACES BEFORE USIN	G ATTACHMENTS M
Joseph Kishfy			20 00 m		
Street Address 22 Dennell Drive			Street Address		
City	State	Zip	City	State	7/10 00
Lincoln	RI	02865	•		Zip Si
Director Name		***************************************	Director Name		4. ≤4. ±2. ±2. ±2. ±2. ±2. ±2. ±2. ±2. ±2. ±2
Street Address			Street Address		
City	State	Zip	Спу	State	Zip
9. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR A	TTACHMENT)		 <i>("X" BOX FOR ATTAC</i> CTION <u>MUST</u> BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	No Par Value
		corporation by an authocorporation by the recei	orized representative. If the cover or trustee.	corporation is in the hand	s of a receiver or trustee,

File Date FILED				
Check No. MAR 0 7 2008				
By: By 1393				
FOR SECRETARY OF STATE USE ONLY				

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Under penalty of perjury, I declare and a	ffirm that I have examined this report,
including any accompanying schedules a	and statements, and that all statements
contained herein are true and correct.	\ \
Al million law of the	2/20/20
Signature	Date
Joseph Kishfy	Date
posebucktsury	·
Print or Type Name	
President	
Title	