

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.

000148654	2, Name of Corporation ATWELLS MAR	KET INC.			
3. Street Address Principal Business Office 1119 ATWELLS AVE. 4. Business Phone No. 401-200 SD8-423 SHODE ISLAND 5. State of Incorporation RHODE ISLAND 6. Brief Description of the Character of Ituriness Conducted in Revole Island			PROVIDENCE	State RI	<i>Z</i> ₩ О2 909
. Brief Description of the Charac GRÖCERY STORE	tter of Business Conducted in	Rhode Island			
, NAMES AND ADDRESS POSIDENT NAME RAMON RODRIGUEZ		6: ("X" BOX FOR ATTA	CHMENT) [FILL IN 8) Vice President Name	PACES BEFORE USING	G ATTACHMENTS
139 COLFAX ST Apt 1			Street Address		
PROVIDENCE	State RI	^{Zip} 02907	City	State	Zip
ecretary Name			Treasurer Name		
Screet Address			Street Address		
$\hat{J}(\hat{\mathbf{j}})$	State	ZSP	CBy:	State	Zip
PRAMON RODRIGUEZ Street Address COLFAX ST APT 1			Street Address		
39 COIFAK	C1 1/1/21				
ity	State RI	Zip	CUy	Suite	ZiĮs
PROVIDENCE	i i		City Director Name	State	Zip
Tity PROVIDENCE Proctor Name	i i		· · · · · · · · · · · · · · · · · · ·	Suite	Zijs
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This information is curren	RI State Ontly of record in the Of	Zip Zip fice of the Secretary of	Director Name Street Address City 10. SHARES ISSUED	State ("X" BOX FOR ATTAC	ZΨ CHMENT)
This information is current State. Changes require an instruction sheet.	RI State Ontly of record in the Of	Zip Zip fice of the Secretary of	Director Name Street Address City 10. SHARES ISSUED ISSUED SHARES — THAS SEC	State ("X" BOX FOR ATTAC TION MUST BE COMPLETE	CHMENT)

	Under penalty of perjury, I declare and affirm that
File Date FILED	including any accompanying schedules and statem contained herein are true and contain.
Check No	Ramon Rodrigues
By 559130946 FOR SECRETARY OF STATE USE ONLY	Print of Type Name PRESIDENT