

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 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

1 Corporate ID No 486525		2. Name of Corporation La Esquina Market, Inc.				
Street Address Principal Business Office 272 Webster Avenue			<i>сиу</i> Providence	State RI	Ζίρ 02909	
4 Business Phone No 5. State of Incorporation 401–487–0076 Rhode Island			<u> </u>			
Brief Description of the C Grocery Market	Character of Business Condu	cted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Pedro Gonzalez			ACHMENT) THE FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Liza Gonzalez			
Street Address 171 Laurens Street			Street Address 171 Laurens Street			
cin Cranston	State RI	^{Zip} 02910	Cranston	State RI	^{Zip} 02910	
Secretary Name Liza Gonzalez			Treasurer Name Pedro Gonzalez			
Street Address 171 Laurens Street			Street Address 171 Laurens Street			
city Cranston	State RI	^{Zip} 02910	Cranston	State RI	^{Zip} 02910	
Director Name Pedro Gonzalez	RESSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT)	IN SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address 171 Laurens Street			Street Address 171 Laurens Street			
сну	State	<i>Ζφ</i>	City	State	Zip	
Cranston Orector Name None	JRI	J02910	Cranston Director Name None	RI	02910	
Street Address			Street Address			
City	State	Zip	CH)	State	Zip	
O. SHARES AUTHOR	IZED	I		O ("X" BOX FOR ATTAC ECTION <u>MUST</u> BE COMPLETED	- —	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Glass/Series	Par Value	
			200	common	\$.01	
This report must be ex	xecuted on behalf of the	he corporation by an authorize e corporation by the receiver	ed representative. If the or trustee.	corporation is in the hand	ds of a receiver or tru	

including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date FILED Check No. JAN 1 4 2009 Pedro Gonzalez Print or Type Name President FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08