

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

Filling Period: January 1 - March 1 • Filling 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(c), 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.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			yer or mac presented by the	(H.H.CAL), 7 1.2 1 101(LOR)/10
1. Corporate ID No. <b>293152</b>					
3. Street Address Principal Business Office 1475 Main Street			<sup>City</sup> West Warwick	State RI	<sup>Zip</sup> 02893
t. Business Phone No. 401-996-2828  5. State of Incorporat Rhode Island					
6 Brief Description of the Character of Retail Grocery Store - Super	f Business Conducted in Ri r <mark>market</mark>	rode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Ben Chan			CHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Ting Lin Chan		
Street Address 1475 Main Street			Street Address 1475 Main Street		
West Warwick	State RI	<sup>Ζίφ</sup> 02893	City West Warwick	State RI	×φ 02893
Secretary Name Ting Lin Chan			Treasurer Name Ben Chan		
Street Address 1475 Main Street			Street Address 1475 Main Street		
West Warwick	State RI	02893	C/In West Warwick	State RI	02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address			Street Address		
СИу	State	Ζιþ	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
СЦу	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST 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	Class/Series	Par Value
			200	Common	No Par
This report must be executed of this report must be executed of	on behalf of the corpor n behalf of the corpor	oration by an authorized ration by the receiver of	d representative. If the corpor trustee.	ooration is in the hands	s of a receiver or trustee,

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FILED			
File Date FEB 1 7 2009  Check No			
By 100			
FOR SECRETARY OF STATE USE ONLY			

Under penalty of perjury, I declare ar including any accompanying schedul contained berein are true and correct	ad affirm that I have examined this report, es and statements, and that all statements
Som UL	- 2/7/09
Signature	Date
Ben Chan	
Print or Type Name	
President	
Title .	
	Form 630 Rev. 08/08