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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 2009

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.	2. Name of Corporation			
36870	SPANISH WHOLESALE CENTER, INC.			
3. Street Address Principal Business Office		City	State	Zip
460 DEXTER STREET		CENTRAL FALLS	RI	02863
4. Business Phone No.	5. State of Incorporation			
(401)722-7340	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
GROCERY STORE

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
JOSE V. SALAVARRIETA			MARIA A. SALAVARRIETA		
Street Address			Street Address		
69 BELMONT ST.			69 BELMONT ST		
City	State	Zip	City	State	Zip
CENTRAL FALLS	RI	02863	CENTRAL FALLS	RI	02863
Secretary Name			Treasurer Name		
JOSE V. SALAVARRIETA			MARIA A. SALAVARRIETA		
Street Address			Street Address		
69 BELMONT ST			69 BELMONT ST		
City	State	Zip	City	State	Zip
CENTRAL FALLS	RI	02863	CENTRAL FALLS	RI	02863

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
JOSE V. SALAVARRIETA			MARIA A. SALAVARRIETA		
Street Address			Street Address		
69 BELMOMONT ST			69 BELMONT ST		
City	State	Zip	City	State	Zip
CENTRAL FALLS	RI	02863	CENTRAL FALLS	RI	02863
Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	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
100	COMMON	NONE

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.

[redacted] [redacted]

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.

[redacted] 2.18.09
Signature *Date*

JOSE V. SALAVARRIETA
Print or Type Name

[redacted] PRESIDENT
Title

File Date 2-19-09
Check No. 006386
By: mnc
FOR SECRETARY OF STATE USE ONLY

31290-2-348886

Form 630 Rev. 08/08