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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			
21042	CLEMENTS' MARKETPLACE, INC.			
3. Street Address Principal Business Office		City	State	Zip
2575 EAST MAIN ROAD		PORTSMOUTH	RI	02871
4. Business Phone No.	5. State of Incorporation			
401-683-0180	RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island				
OPERATION OF A RETAIL SUPERMARKET				

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

President Name			Vice President Name		
DONALD E. CLEMENTS, JR.			BARBARA CLEMENTS		
Street Address			Street Address		
380 GIFFORD ROAD			380 GIFFORD ROAD		
City	State	Zip	City	State	Zip
WESTPORT	MA	02790	WESTPORT	RI	02790
Secretary Name			Treasurer Name		
BARBARA CLEMENTS			DONALD E. CLEMENTS, JR.		
Street Address			Street Address		
380 GIFFORD ROAD			380 GIFFORD ROAD		
City	State	Zip	City	State	Zip
WESTPORT	MA	02790	WESTPORT	MA	02790

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

Director Name			Director Name		
DONALD E. CLEMENTS, JR.			BARBARA CLEMENTS		
Street Address			Street Address		
380 GIFFORD ROAD			380 GIFFORD ROAD		
City	State	Zip	City	State	Zip
WESTPORT	MA	02790	WESTPORT	MA	02790
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
510	COMMON	NO PAR

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.

Donald E. Clements Jr. 2-6-09
Signature *Date*

Donald E. Clements, Jr.
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. FEB 24 2009
By: By 12903
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31366-36-350847

Form 630 Rev. 08/08