



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St
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. <u>117136</u>		2. Name of Corporation <u>FRIENDSHIP MARKET CORP</u>			
3. Street Address Principal Business Office <u>187 NESSER ST</u>			City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>
4. Business Phone No.		5. State of Incorporation <u>RHODE ISLAND</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>ASIAN GROCERY STORE</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>SINAT LY</u>			Vice President Name <u>SAME</u>		
Street Address <u>219 WADSWORTH ST</u>			Street Address		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>	City	State	Zip
Secretary Name <u>SAME</u>			Treasurer Name <u>SAME</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>SINAT LY</u>			Director Name		
Street Address <u>219 WADSWORTH ST</u>			Street Address		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES -- THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>COMMON</u>	<u>NO-PAR</u>	<u>100</u>	<u>COMMON</u>	<u>NO-PAR</u>

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.

FILED

File Date SEP 11 2009
Check No. By 02125
By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature Sinat Ly Date 8/11/09

Print or Type Name
SINAT LY

Title
PRESIDENT