

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 OOD 401.322.30

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(e&rd)) is

subject to a penalty fee of \$25.00.		
1. Corporate ID No 139757 2. Name of Corporation THREE WAY MEAN	T MACKET COPP	
3. Street Address Principal Business Office	City State Zib	{
867 BROAD ST	ROUIDENCE RI 02907	
4. Business Phone No. 5. State of Incorporation		
(401) 785 - 8422 8. Brief Description of the Character of Business Conducted in Rhode Island		_
SUPER MARKET		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC	CHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS	
	Vice President Name	
WINSTON YEND	FRANCISCO M. PENA	
Street Address 235 SPRING VALLEY DR	Street Address S 7 RANDALPH FARM ROAD	
City State Zip	Street Address RANDOLPH FARM ROAD City State Zip	-
WINSTON YEND Street Address 235 SPRING VALLEY DR City LAST GREENWITH RIT 02818 Secretary Name	M.L. FORD C.T. 06460	}
JUAN M. PENA		
Street Address	Street Address	
711 WOOD RUFF ROAD		
City State Zip	City State Zip	
MIL FORD C. T 064 60 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT	: ACHMENT)	
Director Name	1 Diameter Aliman	
WINSTON PENA	FRANCISCO M VENA	
Street Address	Street Address	
SAME AS AGOSE	SAME AS- 62 BODE	
City State Ztp	City State Zip	
	ī I	
Director Name	Director Name	
Director Name TOON M Pana	Director Name	
	Street Address	
Street Address SAME AS ADORG	Street Address 2 0 E	
JUAN M PCNA	Street Address 2 0 E	7
Street Address Since AS MOBCE City State Zip	Street Address City State Zift Reference City State	30.00
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Street Address Shares Authorized 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. This report must be executed on behalf of the corporation by an authorize this report must be executed on behalf of the corporation by the receiver of the secretary of the corporation by the receiver of the secretary of the secretary of the secretary of State. This report must be executed on behalf of the corporation by an authorize this report must be executed on behalf of the corporation by the receiver of the secretary of the secret	Street Address City State 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Por Vive Trustee. Under penalty of perjury, I declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all stater contained herein are true and correct. Signature Date	pront.
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