



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 2010

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.<br>139757                                                                                                                              |               | 2. Name of Corporation<br>THREE WAY MEAT MARKET CORP. |                                                                                                                                      |               |                           |
| 3. Street Address Principal Business Office<br>862 BROAD ST                                                                                                |               |                                                       | City<br>PROVIDENCE                                                                                                                   | State<br>R.I. | Zip<br>02907              |
| 4. Business Phone No.<br>(401) 785-8422                                                                                                                    |               | 5. State of Incorporation<br>R.I.                     |                                                                                                                                      |               |                           |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>SUPER MARKET                                                                |               |                                                       |                                                                                                                                      |               |                           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |               |                                                       |                                                                                                                                      |               |                           |
| President Name<br>WINSTON PENA                                                                                                                             |               |                                                       | Vice President Name<br>FRANCISCO M. PENA                                                                                             |               |                           |
| Street Address<br>235 SPRING VALLEY DR.                                                                                                                    |               |                                                       | Street Address<br>37 RANDOLPH FARM ROAD                                                                                              |               |                           |
| City<br>EAST GREENWICH                                                                                                                                     | State<br>R.I. | Zip<br>02818                                          | City<br>MIL FORD                                                                                                                     | State<br>C.T. | Zip<br>06460              |
| Secretary Name<br>JUAN M. PENA                                                                                                                             |               |                                                       | Treasurer Name                                                                                                                       |               |                           |
| Street Address<br>711 WOOD RUFF ROAD                                                                                                                       |               |                                                       | Street Address                                                                                                                       |               |                           |
| City<br>MIL FORD                                                                                                                                           | State<br>C.T. | Zip<br>06460                                          | City                                                                                                                                 | State         | Zip                       |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |               |                                                       |                                                                                                                                      |               |                           |
| Director Name<br>WINSTON PENA                                                                                                                              |               |                                                       | Director Name<br>FRANCISCO M. PENA                                                                                                   |               |                           |
| Street Address<br>SAME AS ABOVE                                                                                                                            |               |                                                       | Street Address<br>SAME AS ABOVE                                                                                                      |               |                           |
| City                                                                                                                                                       | State         | Zip                                                   | City                                                                                                                                 | State         | Zip                       |
| Director Name<br>JUAN M. PENA                                                                                                                              |               |                                                       | Director Name                                                                                                                        |               |                           |
| Street Address<br>SAME AS ABOVE                                                                                                                            |               |                                                       | Street Address                                                                                                                       |               |                           |
| City                                                                                                                                                       | State         | Zip                                                   | City                                                                                                                                 | State         | Zip                       |
| 9. SHARES AUTHORIZED<br>200 NO PAR VALUE                                                                                                                   |               |                                                       | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> ISSUED SHARES — THIS SECTION <u>MUST</u> 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<br>200                                                                                                              | Class/Series  | Par Value<br>NO PAR VALUE |
|                                                                                                                                                            |               |                                                       |                                                                                                                                      |               |                           |

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  
JAN 29 2010  
By: [Signature]  
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: [Signature] Date: 1-29-10  
Print or Type Name: WINSTON PENA  
Title: PRESIDENT