

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(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.

111617	2. Name of Corporation TO	ONY'S CUMBERLAN	ID MARKET, INC.		
3. Street Address Principal Business (290	Swand st		Combalond	State R Z	21p 02864
4. Business Phone No. (40() 7266600 S. State of Incorporation Rhode Island					
6. Brief Description of the Character of To generally deal	of Business Conducted in F - in Groceries	bode Island and Grocery P	roducts and Giftwan		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) TILL IN SPACE	. e . Es before using att	ACHMENTS
President Name Antôme ElHoski		Vice President Name			
Street Address Block	Ustone st		Groot Address		
Mandon	State MA	D1756	City	State	Zip
ecretary Name		Treasurer Name			
Street Address	ldress		Street Address		
Ciţy	State	Zip	City .	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	<i>2</i> ip	City	State	Zip
9. SHARES AUTHORIZED 4000			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	No Par Value
This report must be executed of this report must be executed of	on behalf of the corpo	oration by an authorized	d representative. If the corpora	tion is in the hands of a	receiver or trustee,
	in behalf of the corpo	ration by the receiver o	i trustee.		
			M. Hadamandan f		
PILE	D	FILE	including any accompany contained herein are true	I declare and affirm that I ling schedules and statemen	nave examined this report, of the statements and that all statements
File Date MAD 0.1 2010 MAR 0.1 2010 2/17/10					
Check No. By By By By By Antoine El HOSRi					
By:					
FOR SECRETARY OF STATE USE ONLY Title Form 630 Page 08/08					