

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222.3040

2011 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. <b>552159</b>	2. Name of Corporation 624 Cranston Meat Market Inc.				
3. Street Address Principal Business Office 624 Cranston Street			Providence	State RI	Zip 02907
4. Business Phone No. 5. State of Incorporation RI					
6. Brief Description of the Character of Business Conducted in Rhode Island To own and operate a grocery store					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Euclides Grullon			Vice President Name Elaine Grullon		
Street Address 101 Lexington Avenue			Street Address 99 Lexington Avenue		
City	State	Ζψ	City	State	Zip
Providence	RI	02907	Providence	RI	02907
Secretary Name Gloria Grullon			Treasurer Name Elaine Rodriguez		
Street Address 101 Lexington Avenue			Street Address 101 Lexington Avenue		
City Providence	State RI	<sup>Zip</sup> 02907	City Providence	State RI	<sup>Zip</sup> 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT					
Director Name n/a - close corporation			Director Name		
Street Address			Sireel Address		
City	State	Zip	Сйу	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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			Number of Shares Class/Series Par Value		
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	common	no par value
					,
This report must be executed on behalf of the corporation behalf of 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.					
MAR Q 4 2011					
By Under penalty of perjury, I declare and affirm that I have examined this report,					
		-00/		ying schedules and stateme	
contained herein are true/and correct.					26-11
File Date		10100	Signature Date		
Check No.			Flower Goldlan		
Ву:			Print or Type Name	$L = \frac{1}{L}$	
FOR SECRETARY OF STA	TE USE ONLY		Print or Type Name  VICE Prz  Title	ecucunt	