



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. 00013786 3		2. Name of Corporation A.J. SEABRA SUPERMARKETS VII INC			
3. Street Address Principal Business Office 27 MALVERN STREET			City NEWARK	State NJ	Zip 07105
4. Business Phone No. 973.732.3990		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SALES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTONIO SEABRA			Vice President Name ALBANO SEABRA		
Street Address 21 JORGENSEN LANE			Street Address 33 LEBEDA DRIVE WEST		
City FAIRFIELD	State NJ	Zip 07006	City FAIRFIELD	State NJ	Zip 07006
Secretary Name ALBANO SEABRA			Treasurer Name NONE		
Street Address 33 LEBEDA DRIVE WEST			Street Address		
City FAIRFIELD	State NJ	Zip 07006	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 ALBANO SEABRA			Director Name NONE		
Street Address 33 LEBEDA DRIVE WEST			Street Address		
City FAIRFIELD	State NJ	Zip 07006	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 800			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares 200		Class/Series CNP		Par Value 1.00	

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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 JAN 09 2012

Check No. 16073 11:12

By: 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.

Albano Seabra 12/12/11

Signature Date

ALBANO SEABRA

Print or Type Name

SECRETARY

Title