RI SOS Filing Number: 201288953420 Date: 02/02/2012 4:00 PM

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 2012

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.	2. Name of Corporation			
106982	OLIVEIRA & OLIVEIRA, INC.			
3. Street Address Principal Business Office		City	State	Zip
610 Main Street		Pawtucket	RI	02860
4. Business Phone No.	5. State of Incorporation			
	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
The buying and selling at retail of all kinds of beverages, alcoholic and non-alcoholic, buying and selling specialty items, snacks, and other prepared foods

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
AIDA R. OLIVEIRA	24 Hines Farm Road	Cumberland	RI	02864

Vice President Name	Street Address	City	State	Zip
CARLOS M. OLIVEIRA	24 Hines Farm Road	Cumberland	RI	02864

Secretary Name	Street Address	City	State	Zip
AIDA R. OLIVEIRA	24 Hines Farm Road	Cumberland	RI	02864

Treasurer Name	Street Address	City	State	Zip
CARLOS M. OLIVEIRA	24 Hines Farm Road	Cumberland	RI	02864

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
AIDA R. OLIVEIRA	24 Hines Farm Road	Cumberland	RI	02864

Director Name	Street Address	City	State	Zip
CARLOS M. OLIVEIRA	24 Hines Farm Road	Cumberland	RI	02864

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	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.

[redacted] [redacted]

FILED
File Date FEB 02 2012
Check No. By MMC
By: 1193
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.

Aida R. Oliveira x
Signature *Date*

AIDA R. OLIVEIRA
Print or Type Name

[redacted]

PRESIDENT
Title

Form 630 Rev. 08/08

72766-3-721334