



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>36870</b>		2. Exact name of the Corporation <b>SPANISH WHOLESALE CENTER, INC.</b>					
3. Principal office address <b>460 DEXTER STREET.</b>				City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	
4. Business Phone No. <b>(401)722-7340</b>				5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>GROCERY STORE</b>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <b>ALBA L. RIOS PUERTO</b>				Vice-President Name <b>JOSE V. SALAVARRIETA</b>			
Street Address <b>113 BOCLIN ST.</b>				Street Address <b>09 BELMONT ST.</b>			
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>		
Secretary Name				Treasurer Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	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) <input type="checkbox"/>			
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	NONE	

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2012 FEB 27 AM 11:19

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** 11/9  
 FEB 27 2012  
 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.  
 BY ALBA L. RIOS PUERTO Signature of Authorized Representative Date  
**ALBA L. RIOS PUERTO**  
 Print or Type Name of Authorized Representative

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