



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. 54449		2. Exact name of the Corporation DUNNS CORNERS MARKET, INC			
3. Principal office address 5 LANGWORTHY ROAD		City WESTERLY	State RI	Zip 02891	
4. Business Phone No. 401-322-1660		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island MEAT MARKET, DELI, AND GROCERY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANTONIO SPINO			Vice-President Name CHERYL SPINO		
Street Address 47 HAPPY VALLEY ROAD			Street Address 47 HAPPY VALLEY ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name CHERYL SPINO			Treasurer Name ANTONIO SPINO		
Street Address 47 HAPPY VALLEY ROAD			Street Address 47 HAPPY VALLEY ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
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
			300	COMMON	NO PAR

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 **FEB 29 2012**
 Check No. **43879**
 By **Cheryl A. Spino**

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.

Cheryl A. Spino 2-28-12
 Signature of Authorized Representative Vice Pres. Date
 Cheryl A. Spino Vice Pres.
 Print or Type Name of Authorized Representative