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.	2. Exact name of the Corporation
54449	DUNNS CORNERS MARKET, INC

3. Principal office address	City	State	Zip
5 LANGWORTHY ROAD	WESTERLY	RI	02891

4. Business Phone No.	5. State of Incorporation
401-322-1660	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) ☐

President Name			Vice-President Name		
ANTONIO SPINO			CHERYL SPINO		
Street Address			Street Address		
47 HAPPY VALLEY ROAD			47 HAPPY VALLEY ROAD		
City	State	Zip	City	State	Zip
WESTERLY	RI	02891	WESTERLY	RI	02891
Secretary Name			Treasurer Name		
CHERYL SPINO			ANTONIO SPINO		
Street Address			Street Address		
47 HAPPY VALLEY ROAD			47 HAPPY VALLEY ROAD		
City	State	Zip	City	State	Zip
WESTERLY	RI	02891	WESTERLY	RI	02891

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

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) ☐

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 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.

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

Form No. 630
Revised: 01/2012