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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			
500390	Mi Pais Market, INC.			
3. Principal office address		City	State	Zip
508 Bramfield St		Prov,	RI	02909
4. Business Phone No.		5. State of Incorporation		
(401) 946-8044		RI		

6. Brief description of the character of business conducted in Rhode Island
Sale of sundries and food stuff

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice President Name		
Amparo Rodriguez			37 Desoto St Amparo Rodriguez		
Street Address			Street Address		
13			37 Desoto St		
City	State	Zip	City	State	Zip
Prov	RI	02909	Prov,	RI	02909
Secretary Name			**Treasurer Name**		
Amparo Rodriguez			Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	ARO		

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
MAR 28 2012

File Date
Check No
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.

Amparo Rodriguez
Signature of Authorized Representative — Date 3/28/12

Print or Type Name of Authorized Representative

29-1678394

Form No. 630
Revised: 01/2012
74903-2-732962