



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. <u>500390</u>		2. Exact name of the Corporation <u>Mi Pais Market, Inc.</u>			
3. Principal office address <u>508 Plainfield St</u>		City <u>PROV</u>		State <u>RI</u>	Zip <u>02909</u>
4. Business Phone No. <u>(401) 946-8044</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>sale of sundries and food stuff</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name <u>Amparo Rodriguez</u>			Vice President Name <u>37 Desoto St Amparo Rodriguez</u>		
Street Address <u>P.O. 3</u>			Street Address <u>37 Desoto St</u>		
City <u>PROV</u>		State <u>RI</u>	Zip <u>02909</u>	City <u>PROV</u>	
Secretary Name <u>Amparo Rodriguez</u>		Treasurer Name <u>same</u>			
Street Address		Street Address			
City		State	Zip	City	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			<u>AR O</u>		

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

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

3/20/12
Date

Print or Type Name of Authorized Representative

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY