

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 2010

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

1. Entity ID No. 159995	Filing Fee: \$50.00 • FAI	LURE TO FILE	THIS REPORT BY M	IARCH 31 WILL RES	ULT IN A \$25.00 PEN	ALTY FEE.	
Street Address City State Zip City City City City City City City City	1. Entity ID No.						
4. Busiless Profile No. 4. Director Name 5. State of Incorporation 4. Director Name 5. State of Incorporation 6. Brief description of the character of business conducted in Rhode Island POLISK FOOD MARKET 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) 8. Street Address 104 CROSS 105 State 215 State 216 City State 217 City State 218 City State 219 City State 219 City State 219 City State 210 City State 211 City State 212 City State 213 City State 214 City State 215 City State 216 City State 217 City State 218 City State 219 City State 219 City State 210 City Director Name Director Name Director Name Director Name Director Name	159995	Pol	ONIA A	MARKET	INC.		
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7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Vice-President Name Vice-President Name	6. Brief description of the charac	cter of business co	nducted in Rhode Island	1 7 7			
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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.			*			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.				0			
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 o	n behalf of the con	poration by an authorize	d representative. If the o	orporation is in the head-		
this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined		tnis report must b	e executed on behalf of	the corporation by the re	eceiver or trustee.		

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File Date	(Page 2017) - 1000 - 1	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
Check No		and that all statements contained herein are true and correct.
er we see a recent to the same of the	APR 0 4 2012	1795 Tof Mofket 03-29-1
	D. HAMYAA	Signature of Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY	Ly IVI	KRZYSLTOF MAJKUT
Form No. 630	ν_2	Print of Type Name of Authorized Representative

Form No. 630 Revised: 01/2012