



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. 521411		2. Exact name of the Corporation MIDLAND FARMS CORPORATION			
3. Principal office address 429 WOOD STREET			City BRISTOL	State RI	Zip 02809
4. Business Phone No. 4012542254			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island RETAIL GROCERY STORE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ZAHEER ABBAS			Vice-President Name UZMA BAIG		
Street Address 14 CATHERINE ST			Street Address 9 SUNSET AVE		
City BRISTOL	State RI	Zip 02809	City RIVERSIDE	State RI	Zip 02915
Secretary Name ZAHEER ABBAS			Treasurer Name UZMA BAIG		
Street Address 14 CATHERINE ST			Street Address 9 SUNSET AVE		
City BRISTOL	State RI	Zip 02809	City RIVERSIDE	State RI	Zip 02915
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ZAHEER ABBAS			Director Name UZMA BAIG		
Street Address 14 CATHERINE ST			Street Address 9 SUNSET AVE		
City BRISTOL	State RI	Zip 02809	City RIVERSIDE	State RI	Zip 02915
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.					
1000		CWP	1.00		

FILED

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.

File Date _____

Check No _____

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.

3026

[Signature]
 Signature of Authorized Representative

07/02/2012

Date

ZAHEER ABBAS

Print or Type Name of Authorized Representative