

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 2013

1. Entity ID No. 9033	1	me of the Corporation MARKETS, INC.				
3. Principal office address 106 MAIN STREET		With the second	City WESTERLY	State RI	Zip 02891	
4. Business Phone No. 401-595-2054			5. State of Incorporation RHODE ISLAND			
6. Brief description of the c RETAIL SUPERMAI		s conducted in Rhode Islan	d			
4.USI /ALEO EFICERS()	IAMES AND ADDE	(ESSES) ("X" BOX FOR A	TTACHMENT)			
President Name Michael J. McQuad			Vice-President Name Diane M. McQui	<u></u>		
Street Address 112 Riverside Drive			Street Address 112 Riverside Drive			
Dity Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379	
Secretary Name Diane M. McQuade			Treasurer Name Michael J. McQ	uade		
Street Address 112 Riverside Drive			Street Address 112 Riverside D)rive		
Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379	
LIST ALL DIRECTORS Director Name	(NAMES AND ADD	RESSES) (#X# BOX FOR				
Michael J. McQuade				Director Name Diane M. McQuade		
ireet Address 112 Riverside Drive			Street Address 112 Riverside D	rive		
ity Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379	
irector Name			Director Name			
treet Address			Street Address		***************************************	
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
[-4 - 5 - at av			NUMBER OF SHARES	State CT Description State CT State CT State CT D6379 Adde Prive State CT State CT Zip 06379 Adde Prive State CT Zip 06379 Adde Prive State CT Zip 06379 Adde Prive PAR VALUE PAR VALUE	· · · · · · · · · · · · · · · · · · ·	
nis information is current State. Changes require se Section 9 of instruction	an additional filing		300	Common	None	
			1	1	i	

File Date	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.	s,
Crieck No	FFR 2 0 2013	Michael & Mc Zurande	,
	LED 5 0 5010	Signature of Authorized Representative Date	7/7/13
FOR SECRETARY OF STATE USE ONLY	MUSURA	Michael J. McQuade	_

Form No. 630 Revised: 01/2012 nt or Type Name of Authorized Representative