



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**

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. 106982		2. Exact name of the Corporation OLIVEIRA & OLIVEIRA, INC.			
3. Principal office address 610 Main Street			City Pawtucket	State RI	Zip 02860
4. Business Phone No.			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island THE BUYING AND SELLING AT RETAIL OF ALL KINDS OF BEVERAGES, ALCOHOLIC AND NON-ALCOHOLIC; BUYING AND SELLING SPECIALTY ITEMS, SNACKS, AND OTHER PREPARED FOODS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name AIDA R. OLIVEIRA			Vice-President Name CARLOS M. OLIVEIRA		
Street Address 24 Hines Farm Road			Street Address 24 Hines Farm Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name AIDA R. OLIVEIRA			Treasurer Name CARLOS M. OLIVEIRA		
Street Address 24 Hines Farm Road			Street Address 24 Hines Farm Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name AIDA R. OLIVEIRA			Director Name AIDA R. OLIVEIRA		
Street Address 24 Hines Farm Road			Street Address 24 Hines Farm Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR VALUE

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 _____

FILED

Check No _____

By: _____

FEB 25 2013

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.

Aida R. Oliveira
 Signature of Authorized Representative

2-8-13
 Date

AIDA R. OLIVEIRA, PRESIDENT

Print or Type Name of Authorized Representative

By *mme*
CH # 1474