

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.

1. Entity ID No.		LE THIS REPORT BY Note that the Corporation	MATION OF WILL HES	CLI III A 420.00 FEN	
551472	1	Washington Street Market, Inc.			
3. Principal office address 130 Washington Street			City Providence	State RI	Zip 02903
4. Business Phone No. (401)331-2009			5. State of Incorporation Rhode Island		
=		s conducted in Rhode Islan	d		
To conduct retail	convenience st	ore			
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President Name			Vice-President Name		
Mohammad Samir Alzayat Street Address			Mohammad Samir Alzayat Street Address		
765 Old Smithfield Road			765 Old Smithfield Road		
City Smithfield	State RI	Zip 02896	City Smithfield	State RI	Zip 02896
ecretary Name Mohammad Samir Alzayat			Treasurer Name Mohammad Samir Alzayat		
Street Address 765 Old Smithfield Road			Street Address 765 Old Smithfield Road		
City Smithfield	State RI	Zip 02896	City Smithfield	State RI	Zip 02896
	(NAMES AND ADD	RESSES) ("X" BOX FOR	And the second s	The control of the co	
Director Name			Director Name		
Street Address			Street Address		
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City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
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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	
e section 9 of instructi	ion sneet.				
This report must be execu		corporation by an authorize			s of a receiver or trustee,
enteka (j. 19. ap arkkentek teka antaro ak	this report mu	st be executed on behalf of	-		em that I have evening
File Dete FILED			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.		
By:		MAN E 1 - 2010	Signature Official	zed Representative	3/25
FOR SECRETARY OF STATE USE ONLY			Mohammad Samir Alzayat		
orm No. 630			Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012