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. 791970	2. Exact name of the Corporation Blackstone Market, Inc.		
3. Principal office address 385 East Ave.	City Pawtucket	State RI	Zip 02860
4. Business Phone No.	5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Food Market And Deli			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name Hicham Jamoudi			Vice-President Name Bassam Jamoudi		
Street Address 45 Tyler st.			Street Address 135 Rosemery Rd.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02861
Secretary Name Hicham Jamoudi			Treasurer Name Ahmad Almjzoub		
Street Address 45 Tyler st			Street Address 126 Orient Ave.		
City Pawt.	State RI	Zip 02860	City Pawtucket	State RI	Zip 02861

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		

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SECRETARY OF STATE
CORPORATIONS DIV
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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.

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.

Signature of Authorized Representative — Date 6/21/13

Hicham Jamoudi
Print or Type Name of Authorized Representative

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File Date
Check No.
By:

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Form No. 630
Revised: 01/2012
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