



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 2014

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. 21042		2. Exact name of the Corporation CLEMENTS' MAKETPLACE, INC.			
3. Principal office address 2575 EAST MAIN ROAD		City PORTSMOUTH		State RI	Zip 02871
4. Business Phone No. 401-683-0180		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island OPERATION OF A RETAIL SUPERMARKET					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DONALD E. CLEMENTS, JR.			Vice-President Name TRACY A. ANTHONY		
Street Address 8 WINDSOR DRIVE			Street Address 25 BRENTON ROAD		
City WESTPORT	State MA	Zip 02790	City SWANSEA	State MA	Zip 02777
Secretary Name TRACY A. ANTHONY			Treasurer Name DONALD E. CLEMENTS, JR.		
Street Address 25 BRENTON ROAD			Street Address 8 WINDSOR DRIVE		
City SWANSEA	State MA	Zip 02777	City WESTPORT	State MA	Zip 02790
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DONALD E. CLEMENTS, JR.			Director Name TRACY A. ANTHONY		
Street Address 8 WINDSOR DRIVE			Street Address 25 BRENTON ROAD		
City WESTPORT	State MA	Zip 02970	City SWANSEA	State MA	Zip 02777
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) <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
262		COMMON		NO PAR	

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

FILED

JAN 17 2014

BY 17811

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 Tracy Anthony Date 1/10/14
TRACY A. ANTHONY, VICE-PRESIDENT/SECRETARY
Print or Type Name of Authorized Representative