



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. 87656		2. Exact name of the Corporation 144 & BROADWAY FOOD CENTER INC.			
3. Principal office address 249 WEBSTER AVE		City Providence	State RI	Zip 02909	
4. Business Phone No. 401-275-6694		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island TO MAINTAIN, OPERATE, LEASE, OWN AND CONDUCT A WHOLESALE AND RETAIL FOOD STORE OR SUPERMARKET					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name EUCLIDES GRULLON			Vice-President Name RAMON RODRIGUEZ		
Street Address 101 LEXINGTON AVE			Street Address 101 LEXINGTON AVE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name EUCLIDES GRULLON			Treasurer Name RAMON RODRIGUEZ		
Street Address 101 LEXINGTON AVE			Street Address 101 LEXINGTON AVE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			1000	COMMON	\$1.00/SHARES

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

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.

Euclides Grullon
Signature of Authorized Representative

02/24/2014

Date

EUCLIDES GRULLON

PRESIDENT

Print or Type Name of Authorized Representative

FILED

MAR 03 2014

49-218842

A. A.