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.	2. Exact name of the Corporation
128573	WEBSTER MEAT MARKET INC.

3. Principal office address	City	State	Zip
249 WEBSTER AVE	Providence	RI	02909

4. Business Phone No.	5. State of Incorporation
401-275-6694	RI

6. Brief description of the character of business conducted in Rhode Island
TO MAINTAIN, OPERATE A GROCERY STORE

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

President Name	Street Address	City	State	Zip
EUCLIDES GRULLON	101 LEXINGTON AVE	PROVIDENCE	RI	02907

Vice-President Name	Street Address	City	State	Zip
GWENDOLYNE GRULLON	99 LEXINGTON AVE	PROVIDENCE	RI	02907

Secretary Name	Street Address	City	State	Zip
ELAINE GRULLON	101 LEXINGTON AVE	PROVIDENCE	RI	02907

Treasurer Name	Street Address	City	State	Zip
MERCEDES RODRIGUEZ	101 LEXINGTON AVE	PROVIDENCE	RI	02907

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

Director Name	Street Address	City	State	Zip
N/A CLOSE CORPORATION				

Director Name	Street Address	City	State	Zip

SECRETARY OF STATE
CORPORATIONS DIV
2014 MAR -3 PM 12:30

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	8000	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 MAR 03 2014

By: By 49-218841

FOR SECRETARY OF STATE USE ONLY A.A.

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.

02/24/2014
Signature of Authorized Representative — Date

ELAINE GRULLON — SECRETARY
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012