RI SOS Filing Number: 201438124490 Date: 03/29/2014 4:00 PM

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		
000571467	**Quality Meats and Deli Inc.**		
3. Principal office address: **583 Broad Street**	City: **Providence**	State: **RI**	Zip: **02907**
4. Business Phone No.: **401-274-7480**	5. State of Incorporation: **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island: **Sales of groceries, beverages, meats and deli items**			

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

President Name: **Norga Jimenez**			Vice-President Name: **None**		
Street Address: **41 Sinclair Avenue**			Street Address		
City: **Providence**	State: **RI**	Zip: **02907**	City	State	Zip
Secretary Name: **None**			Treasurer Name: **None**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name: **None**			Director Name: **None**		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name: **None**			Director Name: **None**		
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
1,000	Common	$0.01

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
APR 09 2014
2007

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.

X Norga Jimenez 3/29/14
Signature of Authorized Representative Date

Norga Jimenez
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
105460-4-955103