



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. 139858		2. Exact name of the Corporation Bristol Food Mart, Inc.			
3. Principal office address 259 Wood Street		City Bristol	State RI	Zip 02809	
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To operate a convenience store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ishtiaq Naqvi		Vice-President Name Ishtiaq Naqvi			
Street Address 259 Wood Street		Street Address 259 Wood Street			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Ishtiaq Naqvi		Treasurer Name Ishtiaq Naqvi			
Street Address 259 Wood Street		Street Address 259 Wood Street			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ishtiaq Naqvi		Director Name N/A			
Street Address 259 Wood Street		Street Address			
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name N/A		Director Name N/A			
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100		none	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

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

By:

JUN 12 2014

FOR SECRETARY OF STATE USE ONLY

BY

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2874

Form No. 630
Revised: 01/2012

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

Ishtiaq Naqvi, President

Print or Type Name of Authorized Representative