

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. 000159995		2. Exact name of the Corporation POLONIA MARKET, INC.			
3. Principal office address 736 BROADWAY			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 401-727-8400			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island POLISH SPECIALTY FOODS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name KRZYSTOF MAJKUT			Vice-President Name		
Street Address 104 CROSS STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Secretary Name KRZYSTOF MAJKUT			Treasurer Name KRZYSTOF MAJKUT		
Street Address 104 CROSS STREET			Street Address 104 CROSS STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name KRZYSTOF MAJKUT			Director Name		
Street Address 104 CROSS STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	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
			100	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**AUG 22 2014****5433****BY**

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.

Krzysztof Majkut
 Signature of Authorized Representative

08-10-14
 Date

KRZYSZTOF MAJKUT

Print or Type Name of Authorized Representative