



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 2015

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. <u>72215</u>		2. Exact name of the Corporation <u>Jose & Carmelo, Main Street market INC.</u>			
3. Principal office address <u>919 MAIN Street</u>		City <u>Pawtucket</u>		State <u>RI</u>	Zip <u>02860</u>
4. Business Phone No. <u>401-727-0220</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Groceries - Meats - Deli - Produce.</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>CARMELO FRIAS</u>			Vice-President Name <u>JOSE R. FRIAS SR.</u>		
Street Address <u>919 MAIN ST.</u>			Street Address <u>45 MERRY ST.</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			<u>2000</u>		<u>-0-</u>

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

12:35pm
FILED

DEC 30 2014

By C 4401208

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.

Carmelo Frias
Signature of Authorized Representative
CARMELO FRIAS
Print or Type Name of Authorized Representative

12/30/14
Date

KM

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SECRETARY OF STATE
CORPORATIONS DIV
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