



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. 161234		2. Exact name of the Corporation BR Market Inc	
3. Principal office address 352 Manton Ave		City Providence	State RI
4. Business Phone No. 401-228-8740		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Grocery store			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT			
President Name Braulio Reyes		Vice-President Name Sugely Delgado	
Street Address 264 Aqueduct Rd		Street Address 103 Sinclair St	
City Cranston	State RI	City Providence	State RI
Zip 02910		Zip 02907	
Secretary Name Carmelo Reyes		Treasurer Name Braulio Reyes	
Street Address 264 Aqueduct Rd		Street Address Same	
City Cranston	State RI	City	State
Zip 02910		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT			
Director Name Sugely Delgado		Director Name	
Street Address 352 Manton Ave		Street Address	
City Providence	State RI	City	State
Zip 02909		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		100	
		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: _____
Check No: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JUN 02 2015

BY 250016

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.

Sugely Delgado
Signature of Authorized Representative

Sugely Delgado
Print or Type Name of Authorized Representative

05/02/2015
Date