



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>101234</u>		2. Exact name of the Corporation <u>BR Market Inc</u>	
3. Principal office address <u>352 Manton Ave</u>		City <u>Providence</u>	State <u>RI</u>
4. Business Phone No. <u>401-228-8740</u>		Zip <u>02909</u>	
5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Grocery store</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☒			
President Name <u>Braulio Reyes</u>		Vice-President Name <u>Sugely Delgado</u>	
Street Address <u>264 Aqueduct Rd</u>		Street Address <u>103 Sinclair St</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02907</u>	
Secretary Name <u>Carmelo Reyes</u>		Treasurer Name <u>Braulio Reyes</u>	
Street Address <u>264 Aqueduct Rd</u>		Street Address <u>Same</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u></u>	State <u></u>
Zip <u>02910</u>		Zip <u></u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☒			
Director Name <u>Sugely Delgado</u>		Director Name <u></u>	
Street Address <u>352 Manton Ave</u>		Street Address <u></u>	
City <u>Providence</u>	State <u>RI</u>	City <u></u>	State <u></u>
Zip <u>02909</u>		Zip <u></u>	
Director Name <u></u>		Director Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
Zip <u></u>		Zip <u></u>	
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 <u>100</u>	CLASS/SERIES <u></u>
		PAR VALUE <u></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

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