



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 2016

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. 131323		2. Exact name of the Corporation BELMONT MARKETPLACE, INC.		
3. Principal office address 600 KINGSTOWN ROAD		City WAKEFIELD	State RI	Zip 02879
4. Business Phone No. 401-783-4656		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RETAIL PRODUCE AND FOOD MARKET				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name VINCENT J. SIRAVO, JR.		Vice-President Name		
Street Address 600 KINGSTOWN ROAD		Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State Zip
Secretary Name VINCENT J. SIRAVO, JR.		Treasurer Name VINCENT J. SIRAVO, JR.		
Street Address 600 KINGSTOWN ROAD		Street Address 600 KINGSTOWN ROAD		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name VINCENT J. SIRAVO, JR.		Director Name		
Street Address 600 KINGSTOWN ROAD		Street Address		
City WAKEFIELD	State RI	Zip 02879	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) <input type="checkbox"/>		
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	\$.01

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.

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.

File Date _____

Check No _____

By: _____

FILED

FEB 01 2016

Signature of Authorized Representative _____ Date _____

VINCENT J. SIRAVO, JR.
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

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