



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. 001336933		2. Exact name of the Corporation VICENTES PAWTUCKET, INC.			
3. Principal office address 689 MAIN STREET		City BROCKTON		State MA	Zip 02301
4. Business Phone No. 508-580-0296		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island RETAIL SUPERMARKET (NOT PRESENTLY IN OPERATION)					
7. OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ALINO L. RODRIGUES			Vice-President Name ALINO L. RODRIGUES		
Street Address 689 MAIN STREET			Street Address		
City BROCKTON	State MA	Zip 02301	City	State	Zip
Secretary Name MANUEL VICENTE			Treasurer Name JASON BARBOSA		
Street Address 689 MAIN STREET			Street Address 689 MAIN STREET		
City BROCKTON	State MA	Zip 02301	City BROCKTON	State MA	Zip 02301
8. DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MANUEL VICENTE			Director Name ALINO RODRIGUES		
Street Address 689 MAIN STREET			Street Address 689 MAIN STREET		
City BROCKTON	State MA	Zip 02301	City BROCKTON	State MA	Zip 02301
Director Name JASON BARBOSA			Director Name		
Street Address 689 MAIN STREET			Street Address		
City BROCKTON	State MA	Zip 02301	City	State	Zip
9. STATE AUTHORIZED <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.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
			NUMBER OF SHARES 100,000	CLASS/SERIES	PAR VALUE 1,000

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.

FILED

MAR 17 2016

BY HL 183

Signature of Authorized Representative

Date

ALINO L. RODRIGUES
Print or Type Name of Authorized Representative

3-14-16