



Department of State - Business Services Division

Annual Report for the year: 2017
 Corporation _____

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 54449		2. Exact name of the Corporation DUNNS CORNERS MARKET, INC	
3. Principal Office Address 5 LANGWORTHY ROAD		City WESTERLY	State RI
		Zip 02891	
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island MEAT MARKET, DELI, AND GROCERY		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ANTONIO SPINO		Vice-President Name CHERYL SPINO	
Street Address 3 GULL TERRACE		Street Address 3 GULL TERRACE	
City WESTERLY	State RI	Zip 02891	City WESTERLY
			State RI
			Zip 02891
Secretary Name CHERYL SPINO		Treasurer Name ANTONIO SPINO	
Street Address 3 GULL TERRACE		Street Address 3 GULL TERRACE	
City WESTERLY	State RI	Zip 02891	City WESTERLY
			State RI
			Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name none		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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		300	COMMON
			NO PAR
11. 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. <i>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.</i>			
Name of Authorized Representative ANTONIO SPINO		Date 2/20/17	
Signature of Authorized Representative <i>Antonio Spino</i>		SIGN DOCUMENT HERE FILED	
		FILED / 20/17	
		BY <i>S3645</i>	
		FILED FEB 23 2017	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov