



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

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**BY** *S3645*  
**FILED**  
**FEB 23 2017**