



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000610854

**2. Name of Corporation** Four Corners Food Market, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 327 WARREN AVENUE  
City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

**4. Business Phone No.**

401-383-1121

**5. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  44-45

**6. Brief Description of the Character of Business Conducted in Rhode Island**

CONVENIENCE STORE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	MAEN JANOUDI	23 GARRITY STREET PAWTUCKET, RI 02861 USA
TREASURER	MAEN JANOUDI	23 GARRITY STREET PAWTUCKET, RI 02861 USA
SECRETARY	MAEN JANOUDI	23 GARRITY STREET PAWTUCKET, RI 02861 USA
VICE PRESIDENT	MAEN JANOUDI	23 GARRITY STREET PAWTUCKET, RI 02861 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	0

**9. 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.**

**Signed this 9 Day of August, 2017 at 4:44:18 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MAEN JANOUDI  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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