



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2017**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2017 OCT -4 PM 1:19

1. Entity ID Number <b>87656</b>		2. Exact name of the Corporation <b>144 &amp; BROADWAY FOOD CENTER INC.</b>	
3. Principal Office Address <b>249 WEBSTER AVE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02909</b>	
4. NAICS Code <b>4724</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO MAINTAIN, OPERATE, LEASE, OWN AND CONDUCT A WHOLESALE AND RETAIL FOOD STORE OR SUPERMARKET</b> <b>522390</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>EUCLIDES GRULLON</b>		Vice-President Name <b>RAMON RODRIGUEZ</b>	
Street Address <b>101 LEXINGTON AVE</b>		Street Address <b>101 LEXINGTON AVE</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</b>	
Secretary Name <b>EUCLIDES GRULLON</b>		Treasurer Name <b>RAMON RODRIGUEZ</b>	
Street Address <b>101 LEXINGTON AVE</b>		Street Address <b>101 LEXINGTON AVE</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</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		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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		1000 COMMON 1.00/SHARES	
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.			
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.			
Name of Authorized Representative <b>EUCLIDES GRULLON</b>			Date <b>10/03/2017</b>
Signature of Authorized Representative <i>Euclides Grullon</i>			

SIGN DOCUMENT

FILED

OCT 04 2017

BY 02314083