RI SOS Filing Number: 201856618180 Date: 1/23/2018 11:46:00 AM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS
2018 JAN 23 AM 11:3

Annual Report for the year: 2018
Corporation

→ 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	2. Exact name of the Corporation		
001657757	Sophia's Market Inc		
3. Principal Office Address	City	State	Zip
524 Smith St	Providence	RI	02908
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
445120	Convenience Store		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Juana Salvador	
Street Address	Street Address
3 Gesmondi Dr.	
City / State / Zip	City / State / Zip
Johnston / RI / 02919	
Secretary Name	Treasurer Name
Juana Salvador	Juana Salvador
Street Address	Street Address
3 Gesmondi Dr	3 Gesmondi Dr.
City / State / Zip	City / State / Zip
Johnston / RI / 02919	Johnston / RI / 02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Juana Salvador	
Street Address	Street Address
3 Gesmondi Dr.	
City / State / Zip	City / State / Zip
Johnston / RI / 02919	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CNP	0

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	Date
Juana Salvador	1/23/2018
Signature of Authorized Representative	
Juana Salvador	

FILED
JAN 23 2018
BY 322407
11:46

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

FORM 630 - Revised: 08/2017