



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

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 001336933		2. Exact name of the Corporation VICENTES PAWTUCKET, INC.			
3. Principal Office Address 689 MAIN STREET			City BROCKTON	State MA	Zip 02301
4. NAICS Code 44-45 (US110)		5. Brief description of the character of business conducted in Rhode Island RETAIL SUPERMARKET (NOT PRESENTLY IN OPERATION)			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALINO RODRIGUES			Vice-President Name NONE		
Street Address 689 MAIN STREET			Street Address		
City BROCKTON	State MA	Zip 02301	City	State	Zip
Secretary Name NONE			Treasurer Name JASON BARBOSA		
Street Address			Street Address 689 MAIN STREET		
City	State	Zip	City BROCKTON	State MA	Zip 02301
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MANUEL VICENTE			Director Name ALINO RODRIGUES		
Street Address 689 MAIN STREET			Street Address 689 MAIN STREET		
City BROCKTON	State MA	Zip 02301	City BROCKTON	State MA	Zip 02301
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100,000		1,000
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 ALINO RODRIGUES					Date 2/6/18
Signature of Authorized Representative 					

STATE OF RHODE ISLAND **FILED**

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

FEB 09 2018
 BY 205 DS