RI SOS Filing Number: 201858281300 Date: 2/13/2018 4:00:00 PM

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	2. Exact name of the Corporation			
4014	CHARLESTOWN MINI-SUPER, INC.			
3. Principal Office Address		City	State	Zip
4071 OLD POST ROAD PO Box 640		CHARLESTOWN	RI	02813
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445110	GROCERY STORE			
5. State of Incorporation				
R.I.				

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

President Name	Street Address	City	State	Zip
CHARLES W. BECK	P.O. Box 935	CHARLESTOWN	RI	02813

Vice-President Name	Street Address	City	State	Zip
TIMOTHY J. BECK	P.O. Box 801	CHARLESTOWN	RI	02813

Secretary Name	Street Address	City	State	Zip
TIMOTHY J. BECK	P.O. Box 801	CHARLESTOWN	RI	02813

Treasurer Name	Street Address	City	State	Zip
CHARLES W. BECK	P.O. Box 935	CHARLESTOWN	RI	02813

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

Director Name	Street Address	City	State	Zip
CHARLES W. BECK	P.O. Box 935	CHARLESTOWN	RI	02813

Director Name	Street Address	City	State	Zip
TIMOTHY J. BECK	P.O. Box 801	CHARLESTOWN	RI	02813

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

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

Changes require an additional filing.

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
130	COMMON	NO PAR VALUE

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
CHARLES W. BECK	2-10-18

Signature of Authorized Representative
Charles W. Beck

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 13 2018
BY 4374105

FORM 630 - Revised: 10/2017