



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

FILED

FEB 20 2018

BY 1161 [Signature]

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 000552159		2. Exact name of the Corporation 624 Cranston Meat Market, Inc.			
3. Principal Office Address 624 Cranston Street			City Providence	State RI	Zip 02907
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island To own and operate a grocery store			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Euclides Gullon			Vice-President Name None		
Street Address 101 Lexington Ave.			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name Euclides Gullon			Treasurer Name Euclides Gullon		
Street Address 101 Lexington Ave.			Street Address 101 Lexington Ave.		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		PAR VALUE
			100	CNP	None
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 Euclides Gullon					Date
Signature of Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov