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State of Rhode Island and Providence Plantations

De artment of State - Business Services Division

De Artment of State - Business Services Divisio

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FOR

| 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.

| Entity ID Number | 2 Evant nam | e of the Corporatio | n | <u> </u> | | <u> </u> | | |
|--|-----------------------|--|--------------------------|----------------------------|---------------------|----------------------------|--|--|
| 76850 | | JOSER. HERNANDEZ PROVIDENCE MARKET, INC | | | | | | |
| Principal Office Address | | - | City | | State | Zip | | |
| 757 BROAD STREET | | PROVIDENCE | <u> </u> | RI | 02907 | | | |
| 4. NAICS Code | 6. Brief descr | Brief description of the character of business conducted in Rhode Island | | | | | | |
| <u> 445110 </u> | TO ENGAG | TO ENGAGE IN THE SALE OF GROCERIES BOTH PERISHABLE AND NON-PERISHABLE | | | | | | |
| 5. State of Incorporation RHODE ISLAND | | | 1000000 | | | - | | |
| 7. List ALL officers (names and | d addresses) | | | | he box to ir | ndicate an attachment | | |
| President Name JOSE R. HERNANDEZ | | | Vice-President Name SAME | | | | | |
| Street Address 31 VICTORIA AVENUE | | | Street Address | | | | | |
| City CRANSTON | State RI | Zip 02920 | City | | State | Zıp | | |
| Secretary Name SAME | | Treasurer Name SAME | | | | | | |
| Street Address | | Street Address | Street Address | | | | | |
| City | State | Zip | City | <u>-</u> | State | Zip | | |
| 8. List ALL directors (names a | nd addresses) | | | Check t | he box to i | ndicate an attachment | | |
| Director Name JOSE R. HERN | | | Director Name | | | | | |
| Street Address 31 VICTORIA AVENUE | | Street Address | | | | | | |
| City CRANSTON | State RI | Z _{IP} 02920 | City | | State | Žip | | |
| Director Name | | | Director Name | | | • | | |
| Street Address | | - | Street Address | <u>-</u> | | | | |
| City | State | Zip | City | | State | Zıp | | |
| 9. Shares Authorized | | 10. Shares Is | sued | Check | he box to | ndicate an attachment L | | |
| This information is currently of record in the | | NUMBER OF SHARES CL | | CLASS/SERIES | SS/SERIES PAR VALUE | | | |
| Department of State. 100 Changes require an additional filing. | | 100 | | COMMON | | NO PAR | | |
| | | | | | | | | |
| 11. This report must be execu | ited on behalf of the | corporation by an | authorized represe | entative. If the corpo | ration is in | the hands of a receiver or | | |
| trustee, this report must be ex Under penalty of perjury, I o | kecuted on behalf o | f the corporation by | y the receiver or tru | stee. cluding any accom | nanvina s | chedules and | | |
| statements, and that all state | tements contained | d herein are true a | nd correct. | crooning any accom- | | | | |
| Name of Authorized Representative | | | Date | | | | | |
| JOSE R. HERNANDEZ | | | | 03/01/2018 | | | | |
| Signature of Authorized Repro | esentative DManAf7 | SIGN DO | CUMENT HEF | RE FILED | | | | |
| 10000 | WINDING X | | | 4 4 444 | <u></u> | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 2 2018

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