



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1

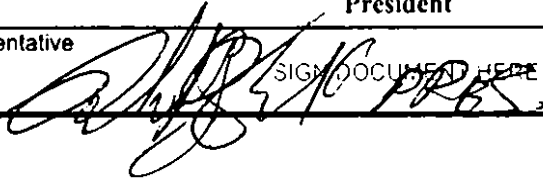
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP

DEC 31 2018

BY alc 2/6/8

1. Entity ID Number 11153		2. Exact name of the Corporation SHORE'S MARKET, INC.			
3. Principal Office Address 1590 Mineral Spring Avenue		City North Providence		State RI	Zip 02904-0000
4. NAICS Code 445110	6. Brief description of the character of business conducted in Rhode Island to operate a supermarket				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Robert J. Shore			Vice-President Name Scott D. Shore		
Street Address 1590 Mineral Spring Avenue			Street Address 1590 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904-	City North Providence	State RI	Zip 02904-
Secretary Name Scott D. Shore			Treasurer Name Scott D. Shore		
Street Address 1590 Mineral Spring Avenue			Street Address 1590 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904-	City North Providence	State RI	Zip 02904-
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Donald E. Shore			Director Name Robert J. Shore		
Street Address 1590 Mineral Spring Avenue			Street Address 1590 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904-	City North Providence	State RI	Zip 02904-
Director Name Scott D. Shore			Director Name none		
Street Address 1590 Mineral Spring Avenue			Street Address none		
City North Providence	State Ri	Zip 02904-	City none	State none	Zip none
9. Shares Authorized Check the box to indicate an attachment ☐					
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 110	CLASS/SERIES Common	PAR VALUE No Par
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 Robert J. Shore				Date 1/07/2019	
Signature of Authorized Representative 					

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

FORM 630 - Revised: 10/2017