



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

Annual Report for the year: 2019
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIVISION
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- 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 000009033		2. Exact name of the Corporation E. & A. MARKETS, INC.			
3. Principal Office Address 106 Main Street			City Westerly	State RI	Zip 02891
4. NAICS Code 44510		6. Brief description of the character of business conducted in Rhode Island RETAIL SUPERMARKET			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael J. McQuade			Vice-President Name M. Diane McQuade		
Street Address 112 Riverside Drive			Street Address 112 Riverside Drive		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
Secretary Name M. Diane McQuade			Treasurer Name Michael J. McQuade		
Street Address 112 Riverside Drive			Street Address 112 Riverside Drive		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael J. McQuade			Director Name M. Diane McQuade		
Street Address 112 Riverside Drive			Street Address 112 Riverside Drive		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
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	PAR VALUE
		300		Common	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 Michael J. McQuade <i>Michael J. McQuade</i>				Date 10 Jan 2019	
Signature of Authorized Representative				FILED	
SIGN DOCUMENT HERE					

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

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