RI SOS Filing Number: 201984996730 Date: 1/22/2019 4:00:00 PM



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	Ofee if form is no	ot filed by April 1			_		
1. Entity ID Number 001336933	2. Exact name of the Corporation VICENTES PAWTUCKET, INC.						
Principal Office Address     MAIN STREET			City BROCKTO	N	State MA	Zip 02301	
4. NAICS Code 44-45 YY510  5. State of Incorporation RI	6. Brief description of the character of business conducted in Rhode Island  RETAIL SUPERMARKET						
7. List ALL officers (names and a	addresses)				the box to i	ndicate an attachment	
President Name ALINO RODRIGI	Vice-Presider	Vice-President Name NONE					
Street Address 689 MAIN STREE	Street Address						
City BROCKTON	State MA	<sup>Zip</sup> 02301	City		State	Zıp	
Secretary Name NONE			Treasurer Name JASON BARBOSA				
Street Address			Street Address 689 MAIN STREET				
City	State	Zip	City BROCKTON		State MA	Zip <b>02301</b>	
8. List ALL directors (names and	addresses)			Check	the box to i	indicate an attachment	
Director Name MANUEL VICENTE			Director Name ALINO RODRIGUES				
Street Address 689 MAIN STREE	Street Addres	Street Address 689 MAIN STREET					
City BROCKTON	State MA	<sup>Ζιρ</sup> 02301	City BROCKTON		State MA	Zip 02301	
Director Name			Director Nam	e	*		
Street Address	Street Address						
City	State	Ζιp	City		State	Zip	
9. Shares Authorized	•	10. Shares Is	sued	Check	the box to i	ndicate an attachment	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SER E	S	PAR VALUE	
		100,000		COMMON		1,000	
· · · · · · · · · · · · · · · · · · ·							
<ol> <li>This report must be executed trustee, this report must be exec</li> </ol>	uted on behalf of	the corporation by	the receiver or t	rustee.			
Under penalty of perjury, I dec statements, and that all staten				including any accor	npanying s	chedules and	
Name of Authorized Representative  MANUEL VICENTE				Date 1/17/2019			
Signature of Authorized Represe	<u> </u>	95N 00	CUMENT HERE	FILE	<u> </u>	·	
MAIL TO:				JAN 2 2 2	N19		

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri gov

FORM 630 - Revised: 10/2017

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