

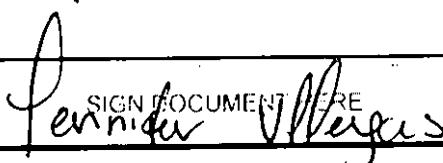


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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.

1. Entity ID Number 36870		2. Exact name of the Corporation SPANISH WHOLESALE CENTER, INC.			
3. Principal Office Address 760 DEXTER STREET		City CENTRAL FALLS		State RI	Zip 02863
4. NAICS Code 455110		6. Brief description of the character of business conducted in Rhode Island GROCERY STORE			
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 ALBA L. RIOS PUERTO			Vice-President Name JENNIFER VILLEGAS		
Street Address 113 BUCKLIN ST.			Street Address 63 FLETCHER ST.		
City PAWTUCKET	State RI	Zip 02861	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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 JENNIFER VILLEGAS					Date 02/04/19
Signature of Authorized Representative 					

FILED

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

FEB 11 2019

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FORM 630 - Revised: 10/2017