



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

FEB 28 2019

BY

1375
[Signature]

1. Entity ID Number 920883		2. Exact name of the Corporation CF MINI MARKET, INC.			
3. Principal Office Address 179 ILLINOIS STREET			City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island GROCERY STORE/MINI MARKET			
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 ILHAM A. BELGHITI			Vice-President Name ILHAM A. BELGHITI		
Street Address 179 ILLINOIS ST.			Street Address 179 ILLINOIS ST.		
City CENTRAL FALLS	State RI	Zip 02863	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			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		
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 ILHAM A. BELGHITI					Date 02/04/18
Signature of Authorized Representative 					SIGN DOCUMENT HERE