

State of Rhode Island and Providence Plantations

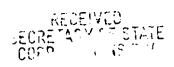
## Department of State - Business Services Division

Annual Report for the year:	2019
Corporation	$\underline{}$



→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00



2019 AUG - 1 PI1 12: 20

OUISQUEYA MARKET, INC  Principal Office Address  933 BROAD STREET  INAICS Code  G. Brief description of the character of business conducted in Rhode Island GROCERY STORE SELLING FOOD, GROCERIES, MEATS, SOAPS, DETERGENTS, HOUSEHOLD MAINTENANCE GOODS  RHODE ISLAND  HUSIALL, Officers (names and addresses)  Check the box to indicate an attachment   LISIALL, Officers (names and addresses)  Street Address  Street Add	→ Penalty: Additional \$25	.00 fee if form is n	ot filed by April 1.							
State of Incorporation   State   State   Zip   City   Ci	1. Entity ID Number 000071502		· · · · · · · · · · · · · · · · · · ·							
Alics Code   G. Brief description of the character of business conducted in Rhode Island GROCERY STORE SELLING FOOD, GROCERIES, MEATS, SOAPS, DETERGENTS, HOUSEHOLD MAINTENANCE GOODS   MAINTENANCE GOODS	3. Principal Office Address		1 *		State	Zip				
GROCERY STORE SELLING FOOD, GROCERIES, MEATS, SOAPS, DETERGENTS, HOUSEHOLD MAINTENANCE GOODS  Grate of Incorporation RHODE ISLAND  Check the box to indicate an attachment List ALL officers (names and addresses)  Check the box to indicate an attachment Same  SAME  Street Address  Street	933 BROAD STREET			PROVIDEN	CE	RI	02907			
STREET Address 15 HENRY STREET  Street Address 15 HENRY STREET  Street Address SAME  Street Address SAME  Treasurer Name SAME  Street Address SAME  Street A	4. NAICS Code  5. State of Incorporation  RHODE ISLAND	GROCERY	GROCERY STORE SELLING FOOD, GROCERIES, MEATS, SOAPS, DETERGENTS, HOUSEHOLD							
STREET Address 15 HENRY STREET  Street Address 15 HENRY STREET  Street Address SAME  Street Address SAME  Treasurer Name SAME  Street Address SAME  Street A	7. List ALL officers (names an	d addresses)			Che	ck the box to	indicate an attachment			
State   Zip   City   State   Zip	President Name SANDY RAMIREZ			Man Desident Name						
Street Address  Check the box to indicate an attachment Director Name  Director Name  Street Address  City State Zip  Stat				Street Address						
Street Address  Street Address  Street Address  Check the box to indicate an attachment   Director Name  Street Address  Street Address  City State Zip  City State Zip  Director Name  Street Address  Street	City CRANSTON	State RI	<sup>Zip</sup> <b>02905</b>			State	Zip			
State Zip City State Zip  State Zip City State Zip  Check the box to indicate an attachment Director Name  Street Address  Str	Secretary Name SAME			Treasurer Nar	Treasurer Name SAME					
Check the box to indicate an attachment	Street Address			Street Address						
Director Name   Director Name   Street Address   Street Address   Street Address   Street Address   Street Address   Director Name   Director Name   Director Name   Director Name   Director Name   Street Address   Street Addr	City	State	Zip	City		State	Zip			
Street Address  Street Address  City State Zip  Director Name  Street Address  City State Zip  Director Name  Street Address  Street Address  City State Zip  Director Name  Street Address  City State Zip  Director Name  Check the box to indicate an attachment Linkinformation is currently of record in the Number of Shares States  Director Name  Check the box to indicate an attachment Linkinformation is currently of record in the Number of Shares  CLASSSERIES PAR VALUE  Changes require an additional filing.  COMMON NO PAR VALUE  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 rustee, 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  Carbon Date  Date  O7/31/2019		nd addresses)			Che	ck the box to	indicate an attachment 🔲			
Director Name  Director Name  Street Address  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  One Check the box to indicate an attachment   Number of Shares  CLASS/SERIES  PAR VALUE  Department of State.  2,000  COMMON  NO PAR VALUE  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 rustee, 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  SANDY RAMIREZ	Director Name			Director Name	•					
Director Name    Director Name	Street Address			Street Address						
Street Address  State  Zip  City  State  Zip  Check the box to indicate an attachment Links information is currently of record in the Number of State.  Changes require an additional filing.  Common NO PAR VALUE  Date Office of the box to indicate an attachment Links and Li	City	State	Zip	City		State	Zip			
Shares Authorized  10. Shares Issued Check the box to indicate an attachment Chis information is currently of record in the Department of State.  2,000 COMMON NO PAR VALUE  1. 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 rustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Inder 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  SANDY RAMIREZ  10. Shares Issued Check the box to indicate an attachment Legical Check the box to indic	Director Name	•		Director Name	•					
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Name of Authorized Representative  SANDY RAMIREZ  Date 07/31/2019	Under penalty of perjury, I d	leclare and affirm	that I have examin	ed this report, i		ompanying s	schedules and			
	Name of Authorized Representative						Date			
Signature of Authorized Representative	SANDY RAMIREZ					07/31/2	07/31/2019			
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AIL TO:	MAIL TO:			)	G	_				

Division of Business Services

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

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