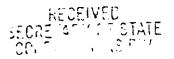
RI SOS Filing Number: 201908861010 Date: 8/1/2019 12:28:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation



→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form in not find by April 4

2015 AUG -1 PH 12: 19

1. Entity ID Number 000071502		2. Exact name of the Corporation QUISQUEYA MARKET, INC					
3. Principal Office Address 933 BROAD STREET			City PROVIDENCE		State RI	Zip 02907	
4. NAICS Code 4. NAICS Code 5. State of Incorporation RHODE ISLAND	GROCERY	6. Brief description of the character of business conducted in Rhode Island GROCERY STORE SELLING FOOD, GROCERIES, MEATS, SOAPS, DETERGENTS, HOUSEHOLD MAINTENANCE GOODS					
7. List ALL officers (names ar	nd addresses)			Chec	k the box to inc	licate an attachment I	
President Name SANDY RAMIREZ			Vice-President Name SAME				
Street Address 15 HENRY STREET			Street Address				
City CRANSTON	State RI	Zip 02905	City		State	Zip	
ecretary Name SAME			Treasurer Name SAME				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names a	and addresses)		<u></u>	Cher	ok the box to inc	licate an attachment	
Director Name		-	Director Name	Once	A GIO DOX TO ITIC	icate an attachment	
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name	_		L	
Street Address			Street Address				
City State		Zip	City		State	Tria.	
<u> </u>			_ } `		State	Zip	
		10. Shares is:	The state of the s				
Department of State. Changes require an additional filing.		NUMBER C	F SHARES	CLASS/SER	JES	PAR VALUE	
		2,000		COMMON		NO PAR VALUE	
11. This report must be execu	ited on behalf of the	corporation by an					
11. This report must be executrustee, this report must be ex							
Under penalty of perjury, I o statements, and that all sta	tements containet	that i have examin I herein are true ai	ed this report, inc nd correct.	luding any acco	ompanying sci	nedules and	
Name of Authorized Representative					Date		
SANDY RAMIREZ			07/31/201	9			
Signature of Authorized Repri	esentative	SIGN DO	CUMENT HER	E	<u> </u>		
	<u> </u>						

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

Phone: (401) 222-3040 Website: www.sos.rl.gov AUG 0 1 2019

FORM 630 - Revised: 10/2016