

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

## Annual Report for the year: Corporation

→ Filing Fee: \$50.00

→ Filing period: January 1 - March 1

2015 AUG - 1 PH 12: 19

933 BROAD STREET  A. NAICS Code A. NAICS Code A. NAICS Code A. COMPANY AND COM	1. Entity ID Number 000071502		2. Exact name of the Corporation  QUISQUEYA MARKET, INC					
GROCERY STORE SELLING FOOD, GROCERIES, MEATS, SOAPS, DETERGENTS, HOUSE MAINTENANCE GOODS  S. State of Incorporation RHODE ISLAND  T. List ALL Directors (names and addresses)  Check the box to indicate an attact Vice-President Name SAME  Street Address  S				1 -	2001			
STREET STREET Street Address  City  State  Zip  City	5. State of Incorporation RHODE ISLAND	GROCERY	GROCERY STORE SELLING FOOD, GROCERIES, MEATS, SOAPS, DETERGENTS, HOUSEHOLD MAINTENANCE GOODS					
Street Address  City CRANSTON  Secretary Name SAME  Street Address  Street Address  Street Address  Street Address  City  State  Zip  Director Name  Director Name  Director Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  Director Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Director Name  Street Address  City  State  Zip  State  Zip  City  State  Zip  State  Zip  State  Zip  City  State  Zip  City  State  Zip  State  Zip  City  State  Zip  City  State  Zip  State  Zip  State  Zip  State  Zip  State  Zip  City  State  Zip  State  Zip  State  Zip  State  Zip  City  State  Zip  State  Zip  State  Zip  State  Zip  State  Zip  City  State  Zip  State  Zip  State  Zip  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  State  Zip  State  Zip  State  Zip  State  Zip  City  State  Zip  City  State  Zip  State  Zip  State  Zip  State  Zip  City  State  Zip  City  State  Zip  State  Zip  State  Zip  City  State  Zip  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  State  Zip  City  S	President Name	and addresses)		Draw Barrie	Chec	k the box to i	ndicate an attachment	
Treasurer Name SAME  Street Address  City State Zip Director Name  Street Address  City State Zip City State Zip City State Zip City State Zip Director Name  Director Name Director Name  Street Address  City State Zip City State Zip City State Zip Director Name  Street Address  City State Zip City City City City City City City City	SANDY RAN	MIREZ		vice-Preside	Name SAME		-	
Secretary Name SAME  Street Address  Street Address  Street Address  Street Address  City  State  Zip  City  State  Director Name  Director Name  Street Address  Street Address  Street Address  City  State  Zip  NUMBER OF SHARES  CLASSISERIES  PAR VALUE  Department of State.  Changes require an additional filling.  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a retrustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perfury, 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  Signatore of Authorized Representative  Signatore of Authorized Representative	15 HENRY \$1	Street Address						
Street Address  City State Zip City State Zip  8. List ALL directors (names and addresses) Check the box to indicate an attact Director Name  Director Name  Street Address  City State Zip City State Zip  Director Name  Director Name  Street Address  City State Zip City State Zip  Director Name  Street Address  City State Zip City State Zip  9. Shares Authorized In State Zip City State Zip  9. Shares Authorized In State Zip City State Zip  10. Shares issued Check the box to indicate an attact Number of shares CLASSIGERIES PAR VALUE Zip  2,000 COMMON NO PAR VAL  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a retrustee, 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  Signatore of Authorized Representative		State RI	<sup>Zip</sup> 02905	City		State	Zip	
City State Zip Check the box to indicate an attact Director Name  Street Address  City State Zip City State Zip City State Zip Director Name  Director Name  Street Address  City State Zip City State Zip City State Zip Director Name  Street Address  City State Zip City State Zip City State Zip City State Zip Director Name  Street Address  City State Zip City State Zip City State Zip City State Zip Shares Authorized Check the box to indicate an attact Director Name Street Address  City State Zip City State Zip City State Zip Shares Authorized Check the box to indicate an attact Director Name Shares Authorized Check the box to indicate an attact Director Name Shares Authorized Check the box to indicate an attact Director Name Shares Authorized Check the box to indicate an attact Director Name Shares Authorized Check the box to indicate an attact Director Name Shares Chasseries Part Value Names of State. Shares Indicate an attact Names of State. Shares Indicate an attact Shares Shares Chasseries Part Value Department of State. Shares Indicate an attact Name of Authorized Representative Shares Chasseries Part Value Shares Indicate In		Treasurer Name SAME						
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Director Name  Street Address  City  State  Zip  City  State  Zip  Director Name  Street Address  City  State  Zip  Common  Number of Shares  PAR VALUE  Common  NO PAR VALUE  This information is currently of record in the Number of Shares  CASSSERIES  PAR VALUE  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 retrustee, 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  Signatore of Authorized Representative  Signatore of Authorized Representative			Zip	City		State	Zip	
Street Address  City State  Zip City State  Zip Director Name  Director Name  Street Address  Street Address  City State  Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip On City State Zip Street Address Cussseries PARVALUE Charges require an additional filing.  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a retrustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perfury, 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 Signatore of Authorized Representative Signatore of Authorized Representative	8. List ALL directors (names	and addresses)	· · · · · · · · · · · · · · · · · · ·		Chec	k the box to it	ndicate an attachment	
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Director Name    Director Name   Director Name	Street Address			Street Addres	35	<del></del>		
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Name of Authorized Representative  Sandy Ramirez  Signature of Authorized Representative  Date  07/31/2019	Under penaity of perjury, I	declare and affirm	that I have examin	ed this report	including any acco	mpanying s	chedules and	
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	SANDY RAMIREZ							
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Division of Business Services

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

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

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