



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2014

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATION
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FOR
SECRETARY OF STATE
USE ONLY

| | | | | | |
|--|-----------------|--|---|--------------------|---------------------------|
| 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 445110 | | 6. Brief description of the character of business conducted in Rhode Island GROCERY STORE SELLING FOOD, GROCERIES, MEATS, SOAPS, DETERGENTS, HOUSEHOLD MAINTENANCE GOODS | | | |
| 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 SANDY RAMIREZ | | | Vice-President Name SAME | | |
| Street Address 15 HENRY STREET | | | Street Address | | |
| City CRANSTON | State RI | Zip 02905 | City | State | Zip |
| Secretary Name SAME | | | Treasurer Name SAME | | |
| 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 | | |
| | | | 2,000 | | |
| | | | COMMON | | |
| | | | NO 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 SANDY RAMIREZ | | | | | Date 07/31/2019 |
| Signature of Authorized Representative <i>X Sandy Ramirez</i> SIGN DOCUMENT HERE 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

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BY 1V75D
A.A. 12:25p.m.