RI SOS Filing Number: 202035956950 Date: 3/5/2020 4:00:00 PM

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(23)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for	the year:	2
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2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

	FILED MAR 0 5 2020
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Entity ID Number	2. Exact nam	2. Exact name of the Corporation							
/ 11617	TONY 'S	TONY'S CUMBERLAND MARKET, INC.							
Principal Office Address			City		State	Zip			
290 Broad Street			Cumbe	rland	RI	02864			
NAICS Code	is Brief descr	intion of the chara	cter of business or	inducted in Rho	de Island				
NAICS CODE	m	alle dool is	aroceries	and grocery	products a	nd giftware.			
4() 260	10 gener	Elly deal I	and Gas	attion.	•				
State of Incorporation			and Cons	3 www					
Rhoda Island	,								
List ALL officers (names and	addresses)				eck the box to ind	icate an attachment			
recident Name			Vice-President	Vice-President Name					
Antoine El Hosri	(As to all	Officers)	Street Address						
treet Address	tono Stroot		300000000000000000000000000000000000000	•					
	tone Street	Zip	City	-	State	Zip			
ity Mendon	MA	01756							
ecretary Name			Treasurer Nan	ne					
eachity isalic									
Street Address			Street Address						
			City		State	Zip			
City	State	Zip	City						
	and addresses)			C	neck the box to in	dicate an attachment			
B. List ALL directors (names a	ing addresses)		Director Name	•					
Director Name			<u> </u>						
Street Address			Street Addres	Street Address					
20 GET VOOLESS					State	Zip			
City •	State	Zip	City	•	3.50				
·			Director Nam						
Director Name			Elization view						
			Street Addres	is					
Street Address					104-40	Zip			
City	State	Zip	City		State	الماري			
City					hack the boy to in	dicate an attachmen			
9. Shares Authorized		10. Shares	Issued	CLASS/SERIES		PAR VALUE			
This information is currently of record in the			R OF SHARES	Common		No Par Value			
Department of State.		1 1	00						
Changes require an additional	i filing.			_I					
				esentative If the	corporation is in	he hands of a receiv			
11. This report must be exec	uted on behalf of t	ne corporation by	an authorized repr	trustee.					
11. This report must be executrustee, this report must be executrustee, this report must be executively. Under penalty of perjury, I	executed on behalf	of the corporation	nined this report	including any	accompanying s	chedules and			
Under penalty of perjury, I statements, and that all st					IDc.				
statements, and that all Su		Uale							
Name of Authorized Representation Antoine El Hos			2/18	3/20					
1	<i></i>								
	Logard Stive		18 1 P. W. 18 1						
Signature of Authorized Rep	JE STATE OF C		: 1						

Phone: (401) 222-3040