



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 114485		2. Name of Corporation Elmwood Food Market, Inc.			
3. Street Address Principal Business Office 342 ELMWOOD AVE			City Providence	State RI	Zip 02907
4. Business Phone No. 401-941-3490		5. State of Incorporation RHODE ISLAND		6. SIC Code 3210	
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL AND DELIVER FOOD PRODUCTS AND GROCERIES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeanette Guzman			Vice President Name MANUEL DE JESUS		
Street Address 127 Niagara St.			Street Address 226 Waverly St		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
10 NO PAR VALUE			ISSUED SHARES		
			Number of Shares	Class/Series	Par Value
			NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED**

File Date: MAR 24 2005

Check No. By m 6/15/05

By: CSM

FOR SECRETARY OF STATE USE ONLY

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.

Jeanette Guzman 01/25/05  
Signature of Officer Date

Jeanette Guzman  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>114485</b>		2. Name of Corporation <b>Elmwood Food Market, Inc.</b>		
3. Street Address Principal Business Office <b>342 ELMWOOD AVE.</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
4. Business Phone No. <b>401-941-3490</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>3210</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO SELL AND DELIVER FOOD PRODUCTS AND GROCERIES</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Jeanette Guzman</b>		Vice President Name <b>MANUEL DE JESUS</b>		
Street Address <b>54 chamber st #1</b>		Street Address <b>226 weberly st #1</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>10 NO PAR VALUE</b>				

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 4 4 8 5 \*

File Date \_\_\_\_\_  
Check No. **RECEIVED**  
By: **AUG 19 2004**  
FOR SECRETARY OF STATE USE ONLY

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.

*Jeanette Guzman* **8/17/04**  
Signature of Officer Date  
**JEANETTE GUZMAN**  
Print or Type Name of Officer  
**President**  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **114485**  
2. Name of Corporation **Elmwood Food Market, Inc.**  
3. Street Address Principal Business Office  
**342 Elmwood Avenue**  
4. Business Phone No. **401-941-3490**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Retail Grocery Store**

City **Providence** State **RI** Zip **02907**  
6. SIC Code **3210**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Jeanette Guzman**  
Street Address **93 Lexington Avenue**  
City **Providence** State **RI** Zip **02907**

Vice President Name **Manuel DeJesus**  
Street Address **93 Lexington Avenue**  
City **Providence** State **RI** Zip **02907**

Secretary Name **Manuel DeJesus**  
Street Address **Same As Above**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Treasurer Name **Jeanette Guzman**  
Street Address **Same As Above**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Jeanette Guzman**  
Street Address **Same As Above**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name **Manuel DeJesus**  
Street Address **Same As Above**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	10	NO PAR VALUE	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	10	A	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/19/03  
Check No.: 1675  
By: [Signature]

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.

Jeanette Guzman 02-18-03  
Signature of Officer Date

Jeanette Guzman  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **114485** 2. Name of Corporation **Elmwood Food Market, Inc.**  
3. Street Address Principal Business Office **342 Elmwood Avenue** City **Providence** State **RI** Zip **02907**  
4. Business Phone No. **401-941-3490** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3210**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Retail Grocery Store**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Jeanette Guzman</b>	Vice President Name <b>Manuel DeJesus</b>
Street Address <b>93 Lexington Avenue</b>	Street Address <b>93 Lexington Avenue</b>
City State Zip <b>Providence RI 02907</b>	City State Zip <b>Providence RI 02907</b>
Secretary Name <b>Manuel DeJesus</b>	Treasurer Name <b>Jeanette Guzman</b>
Street Address <b>Same As Above</b>	Street Address <b>Same As Above</b>
City State Zip <b>Providence RI 02907</b>	City State Zip <b>Providence RI 02907</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Jeanette Guzman</b>	Director Name <b>Manuel DeJesus</b>
Street Address <b>Same As Above</b>	Street Address <b>Same As Above</b>
City State Zip <b>Providence RI 02907</b>	City State Zip <b>Providence RI 02907</b>
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
10 NO PAR VALUE		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
10	A	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3/13/02  
Check No.: 1172  
By: JB

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.

Jeanette Guzman 3/11/07  
Signature of Officer Date  
**Jeanette Guzman**  
Print or Type Name of Officer  
**President**  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **114485** 2. Name of Corporation **Elmwood Food Market, Inc.**

3. Street Address Principal Business Office **342 Elmwood Avenue** City **Providence** State **RI** Zip **02907**

4. Business Phone No. **401 - 941-3490** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3210**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Grocery, Produce and Beverage Retail Supermarket**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Jeanette Guzman**  
Street Address **93 Lexington Avenue**  
City **Providence** State **RI** Zip **02907**

Vice President Name **Manuel DeJesus**  
Street Address **93 Lexington Avenue**  
City **Providence** State **RI** Zip **02907**

Secretary Name **Manuel DeJesus**  
Street Address **93 Lexington Avenue**  
City **Providence** State **RI** Zip **02907**

Treasurer Name **Jeanette Guzman**  
Street Address **93 Lexington Avenue**  
City **Providence** State **RI** Zip **02907**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Jeanette Guzman**  
Street Address **Same As Above**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name **Manuel DeJesus**  
Street Address **Same As Above**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

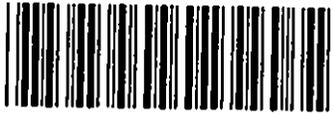
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
10 NO PAR VALUE			

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
10	10	A	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 4 4 8 5 \*

File Date: 7/6/01

Check No.: 103

By: GMB

FOR SECRETARY OF STATE USE ONLY

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.

Jeanette Guzman 07/03/01  
Signature of Officer Date

Jeanette Guzman  
Print or Type Name of Officer

President  
Title of Officer