

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

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

FORM MUST BE TYPED I					
l Corporate ID No.	2. Name of Corpora				:
80897		N MARKET, INC.			
3 Street Address Principal B			City	State	Zip
614 CENTRAL AVE	NUE		PAWTUCKET	! RI	02861
4. Business Phone No.		5. State of Incorpore			6. SIC Code 3210
4017235710		RHODE ISLA	NU		
7. Brief Description of the C GROCERY AND CONVE	NIENCE STORE.				
8. NAMES AND ADDR President Name	ESSES OF THE OFFI	CERS, ("X", BOX FOR	ATTACHMENT) FILL IN S		TACHMENTS
Khalil Adra			. Hisham M. Souf	an	
Street Address			Street Address		
147 Carter Aven	ue		. 380 Grand Aven	ae	;
City	State	Zip	City	State	Zip
Pawtucket	RI	02861	Pawtucket	RI	02861
Secretary Name			Treasurer Name		
Hisham M. Soufa:	n		Khalil Adra		
Street Address			Street Address		
same			same		
Cuy	State	Zip	City	State	Zip
Director Name none Street Address	egypter (* 1904 - 1904) State of Electric State		OR ATTACHMENT) FILL IN Director Name Street Address		
City	State	Zip	·City	State	Zip
Director Name	j		Director Name		
Street Address			· Street Address	Samurages - 1 minutes - 1 minu	
i City	State	Zip	.city	State	1Zip
10. SHARES AUTHO	RIZED ("X" BOX FOR	ATTÁCHMENT) 🗆	11. SHARES ISSUED (X" BOX FOR ATTACHME	vn□
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
				common	no par value
500 NO PAR VALUI	E 		50		- Ho par varae
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This report must be s	igned in ink by eithe	er the President, Vi	ce President, Secretary, As	sistant Secretary, Treas	urer, Receiver or Trustee
8 0	8 9 7		Under penalty of	perjury, I declare and affirm	that I have examined

80897 DBC 03/03/05 04:49:39 PM File Date__ FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

/ · · · · · · · · · · · · · · · · · · ·	3	-9-05
Signature of Officer	Date	-
HishaM	Sovean	
Print or Type Name of Officer	·	

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Matthew A. Brown, Secretary of State Corporations Division 190 North Main Street, Providence, RI 02903-1335 401 222 3040

	ED IN BLACK)						
1 Corporate ID No.	2. Name of Corpor						
80897	:	N MARKET, INC.					
3 Street Address Princip			City	State	Zip		
614 CENTRAL A	VENUE		PAWTUCKET	RI	02861		
4. Business Phone No. 4017235710		5. State of Incorpor			6. SIC Code		
-		1	NNU	4.000	3210		
	he Character of Business Com NVENIENCE STORE.	tucled in Rhode Island					
8. NAMES AND AD	DRESSES OF THE OFF	ICERS ("X" BOX FO	RATTACHMENT) 🗆 FILL IN SI	ACES BEFORE USING AT	TACHMENTS		
President Name			Vice President Name				
Khalil Adra Street Address			· Hisham M. Souf	an 			
147 Carter Av	onuo		Sireel Address 380 Grand Aven				
City	State	Zip			7:		
Pawtucket	RI	102861	<i>.City</i> • Pawtucket	State RI	<i>Zip</i> .02861		
Secretary Name	 		Treasurer Name	! ***			
Hisham M. Sou	fan		.Khalil Adra	•			
Street Address		···	· Sireei Address		· · · · · · · · · · · · · · · · · · ·		
same			.same				
City	State	Zip	*City	State	Zip		
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9:NAMES AND AD Director Name	DRESSES OF THE DIR	ECTORS ("X" BOX F	ORATTACHMÊNT) 🗌 FILL IN	SPACES BEFORE USING	ATTACHMENTS		
			Director Name				
none Street Address							
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		Zip		State	720		
Cin	: Centa	,74D	•City	Siare	Zip		
City	State	'	•		:		
	State		Director Name	. 			
City Director Name	State		Director Name	. 			
	State		Director Name Street Address				
Director Name	State						
Director Name	State	Zip		State	Zip		
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Director Name Street Address City 10. SHARES AUTH AUTHORIZED SHARE	State IORIZED ("X" BOX FOR S Class/Series	Z _{IP} ATTACHMENT).	City 11/SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMEN	7 0		
Director Name Street Address City 10. SHARES AUTE AUTHORIZED SHARE Number of Shares	State IORIZED ("X" BOX FOR S Class/Series	Z _{IP} ATTACHMENT).	City II/SHARES ISSUED (* ISSUED SHARES Number of Shares	X" BOX FOR ATTACHME! Class/Series	D Par Value		
Director Name Street Address City 10. SHARES AUTE AUTHORIZED SHARE Number of Shares	State IORIZED ("X" BOX FOR S Class/Series	Z _{IP} ATTACHMENT).	City II/SHARES ISSUED (* ISSUED SHARES Number of Shares	X" BOX FOR ATTACHME! Class/Series	D Par Value		

80897 DE	BC 02/23/04 01:04:39 PM
Check No	2224
By	a
FOR SECRET	ARY 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.

1/ 5 a	3-24-06
Signature of Officer	Date
HishaM.M.So	VEan
Print or Type Name of Officer	
00.01/	

Form 630 12/01



FOR SECRETARY OF STATE U

Matthew A. Brown, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

Form 630 12/01

8 Street Address Principal Business 614 CENTRAL, AVENUE 8 Business Phone No		N MARKET, INC.			
614 CENTRAL AVENUE Business Phone No	Office				
Business Phone No			City PAWTUCKET	State RI	Zip
					02861
4017235710		5. State of Incorpora RHODE ISLA			.6 SIC Code
Brief Description of the Characte GROCERY AND CONVENIEN	er of Business Cond		NU		3210
GROCERY AND CONVENIEN	CE STORE.				
8. NAMES AND ADDRESSE	S OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN SP	ACES BEFORE USING AT	TTACHMENTS
resident Name	· ·		"Vice President Name		
Chalil Adra		· · ··	Hisham M. Soufa	an	* * * * * · · · ·
treet Address			Street Address		
147 Carter Avenue			. 380 Grand Aveni	ue	
· · ·	State	Σiρ	City	State	Zip
Pawtucket	RI	02861	Pawtucket	RI	,02861
cretary Name			Treasurer Name		
Hisham M. Soufan	·· 		Khalil Adra		
treet Address		_ ··•	Street Address		
same	·		, same		
uty	State	Zip	City	State	Zip
). NAMES AND ADDRESSE	S OF THE DIR	ECTORS ("X" BOX FO	OR ATTACHMENT) T FILL IN	SPACES BEFORE USING	ATTACHMENTS
irector Name	7 7.7. 7 7 7 7 7 7 7 7	, ;)	Director Name		
none			•		
ireet Address			Sireet Address		
			•		
ity	State	Zip	·City	State	Zip
				:	•
Director Name	·		Director Name		· • • • · · · · · · · · · · · · · · · ·
San a di Aria					4
Street Address			Street Address		
:ay :::	State	Zip	:.ciry		
", İ	*********	2.47	•	sale	ا ب ر ین
10. SHARES AUTHORIZED	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (*2	X" BOX FOR ATTACHMEN	<i>m</i> □
AUTHORIZED SHARES			ISSUED SHARES		· -
iumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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00 NO PAR VALUE			50	common	no par valu
		A 10 1 To 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
				i	•
	in ink by eithe	er the President Vic	e President, Secretary, Assi	stant Secretary Treas	urer Receiver or Trus

Print or Type Name of Officer Vice-President

Title of Officer



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January			OKI TOK THE	TEAR	PLEASE REAL INSTRUCTION
FORM MUST BE TYPED IN BLAC	K)				
1. Corporate ID No.	2. Name of Corporation				
80897	DARLINGTON M	ARKET, INC.	0		
3. Street Address Principal Business O			City	State	Zip
614 Central Avenue F. Business Phone No.	e	5. State of Incorporation	Pawtucket	RI	02861 6. SIC Code
723–5710 7. Brief Description of the Character o	f Business Conducted in Rho	RHODE ISLAND de Island			3210
convenience and gr 8. NAMES AND ADDRESS: resident Name	rocery store ES OF THE OFFICER	RS (*X* BOX FOR ATTACHN	MENT) FILL IN SPACES BEF	ORE USING ATTACHMI	ents
Khalil Adra Street Address			Hisham M. Soufan Street Address		
147 Carter Avenue	State	Zip	380 Grand Avenue	State	Zip
Pawtucket Secretary Name	RI .	02861	Pawtucket Treasurer Name	RI	02861
Hisham M. Soufan			Khalil Adra Street Address		
same Dity	State	Zip	same City	State	Zip
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT	ORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES B Director Name	EFORE USING ATTACH	MENTS
none ireet Address			Street Address		
Dity .	State	Zip	City	State	Zip
Director Name	•• • • • •		Director Name		
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACHA	(ENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			50	common	no par value

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

Title of Officer



File Date:	2 28-02	
Check No.:	1232	
Ву.	<u> </u>	
	F 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.

Khahlsodno	2-26-02
Signature of Officer	Date
Khalil Adra	

31Kiminis.	oj Ojjicci		Dail
K	halil	Adra	
Print or T)	vpe Name o	of Officer	

President

Farm 630 17/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

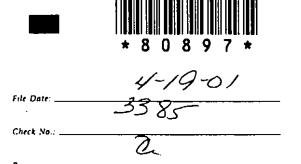
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

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· · · · · · · · · · · · · · · · · · ·	
(FORM MUST BE TYPED IN BLACK)	

1. Corporate ID No. 80897	2. Name of Corporate DARLINGT	ON MARKET, INC.			
3. Street Address Principal Busines	s Office		City	State	Zip
614 Cent	ral Avenue		Pawtucket	RI	02861
1. Business Phone No.		5. State of incorporation	^		6. SEC 296
723-5710)	RHODE ISLAN	U .		3210
7. Brief Description of the Charact	er of Business Conducted in	Rhode Island			
convenie	ence store and	grocery			
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR ATTACI	HMENT) FILL IN SPACES BEF	ORE USING ATTACHMI	ENTS
President Name			Vice President Name		
Khalil Adra			Hisham M. Soufan		
Street Address			Street Address		
147 Carter Ave			380 Grand Avenue		
Sity .	State	Zip	City	State	21p
Pawtucket,	RI	02861	Pawtucket	RI	02861
Secretary Name	_		Treasurer Name		
Hisham M. Souf	an		Khalil Adra		
Street Address			Street Address		
samé City	State	Zip	same City	State	Zip
9. NAMES AND ADDRE Director Name none Street Address	SSES OF THE DIRE	CTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES BI Director Name Street Address	EFORE USING ATTACH	MENTS
City	State	Zip	City	State	Zip .
Director Name	•		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ authorized shares	ED (*x* box for atta	ACHMENT)	11. SHARES ISSUED (*x* 8 ISSUED SHARES	IOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS NO PAR	VALUE		50	common	no par value

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



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.

Khalloutta	4-17-61
Signature of Officer	Date
Khalil Adra	

Print or Type Name of Officer

President
Title of Officer

camikan inin



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1

0	,	Title of the title	-		(TOTAL TIC
FORM MUST BE TYPED IN	BLACK)				
. Corporate ID No.	2. Name of Corpo	ration			
80897 . Street Address Principal Busil	DARLINGT ness Office	ON MARKET, INC.	City	State	Zip
614 Central Ave	enue	5. State of Incorporat	Pawtucket	RI	02861 6. SIC Code
723-5710		RHODE ISLA			3210
Brief Description of the Chare					
CONVENIENCE SEC B. NAMES AND ADDR tresident Name	_	Y FICERS (*x* BOX FOR AT	TACHMENT) FILL IN SPACES Vice President Name	S BEFORE USING ATT	ACHMENTS
Khalil Adra treet Address			none Street Address		
3 Halliday Stre	e C State	Zip	City	State	ZIp
Pawtucket	RI	02861	.,		
ecretary Name	• • •	•	Treasurer Name	• • •	
Hisham M. Soufa	ın		Hisham M. Sout	fan	
treet Address 66 Federal Stre			Street Address		
no redetal offe	:e L State	Zip	s ame cry	State	710
Pawtucket	RI	02861	City	State	Zip
). NAMES AND ADDR Director Name	RESSES OF THE DI	RECTORS (*x* BOX FOR	ATTACHMENT) FILL IN SPAC	CES BEFORE USING AT	TACHMENTS
none treet Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
treet Address	,		Street Address		

AUTHORIZED SHARES ISSUED SHARES Number of Shares

Class/Series

ZIp

Par Value Number of Shares Class/Series Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

State

Zip

no par value

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

50

· City

FOR SECRETARY OF STATE USE ONLY

State

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

500 SHS NO PAR VALUE

City

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.

Common

Signature of Officer

Khalil Adra

Print or Type Name of Officer

<u>President</u> Title of Officer





James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLANSE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLAC	ck)				
I. Carporate ID No. 80897	2. Name of Corpora DARLINGT	ON MARKET, INC.	-	· -	
3. Street Address Principal Business O	Office		City	State	Zip
614 Central Avenue	e	5. State of Incorporation	Pawtucket ·	RI	02861 6. SIC Code
723-5710 7. Brief Description of the Character of	of Business Conducted	RHODE ISLA	ND	-	3210
convenience store 8. NAMES AND ADDRESS President Name			CHMENT) FILL IN SPACE	s before using attac	CHMENTS
Khalil Adra Street Address			none Street Address		
3 Halliday Street	State	Zip	. City	State	- Zip
Pawtucket, Secretary Name	RI	02861	: Treasurer Name		••••
Hisham M. Soufan Street Address			Hisham M. Souf	an	
66 Federal Street	State	21-	66 Federal Str	. ,	
Pawtucket	RI	, zip 02861	; ^{Ciry} Pawtucket	State RI	02861
9. NAMES AND ADDRESS Director Name				and the second s	•
none Street Address			Street Address		
City	State	Zip	City	State	T Zip
Director Name		• •• •• •• •• ••••••	* Director Name	······································	
Street Address			Street Address		
Спу	State	Zip	Clly	- State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	FACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	7) (
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS NO PAR VA	LUE commo	n	50	common	no par value
 ·	<u> </u>	· - ··			
This report must be signe	d in ink by eit	her the President, Vic	e President, Secretary, As	sistant Secretary, Treas	urer, Receiver or Truste
1 (88)8) (AM ESIER ISHA ISHI	 			

File Date:	Feb 4:00	
Check No.:	1855]~
By:	Code	70
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.

- Khal Starton	2-2-99
Signature of Officer	Date

Khalis Adra	
Print or Type Name of Officer	

President
Title of Officer

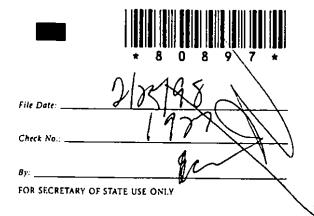


James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filling Period: January 1-March 1 • Filling Fee: \$50.00

(FORM MUST BE TYPED IN BLACE	K)				
1. Corporate ID No. 80897	2. Name of Corpora DARLINGT	ON MARKET, INC.			
3. Street Address Principal Business O			City	State	Zip
614 Central Avenue 4. Business Phone No.	2	5. State of Incorporation	Pawtucket	RI	02861 6. SIC Code
723-5710 7. Brief Description of the Character of	f Business Conducted	RHODE ISLA	AND		3210
convenience store 8. NAMES AND ADDRESSI President Name	•		ACHMENT) - Vice President Name		
Khalil Adra Street Address			none Street Address		
3 Halliday Street	State	Zip	City	State	Zip
Pawtucket Secretary Name	RI	02861	Treasurer Name	• •	• •
Hisham M. Soufan Street Address			Hisham M. Sou	fan .	
66 Federal Street	State	Zip	same City	State	; Zip
Pawtucket,	RI	02861	*4	,	;
9. NAMES AND ADDRESSE Director Name	ES OF THE DIRI	ECTORS ("X" BOX FOR A	TTACHMENT) Director Name	•	•
none Street Address			Street Address		
Clly	State	Zip	Спу	State	Zip
Director Name	•		Director Name		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS NO PAR VAL	LUE Common	1	50	common	no par value

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

line san	2-24-24
Signature of Officer	Date
1-lisham, U. Soutan	
Print or Type Name of Officer	
Secretary	
Title of Officer	



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

(401) 723-5710

1. Corporate ID No.

2. Name of Corporation

80897

DARLINGTON MARKET, INC.

3. Street Address Principal Business Office City State 614 Central Avenue R. Pawtucket 4. Business Phone No. 5. State of Incorporation

RHODE ISLAND

6 SIC Code 3210

02861

Zίρ

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

convenience store and grocery

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name · Vice President Name

Hisham M. Soufan

none Street Address Street Address

624 Central Avenue

City ZIp Pawtucket RΙ

02861

Zip

Secretary Name Treasurer Name

Hisham M. Soufan

Street Address

Street Address

same State

: City

State

same

Hisham M. Soufan

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

City

City

City

none

Street Address

Zip

Zip

Director Name

Street Address

Street Address

Director Name Director Name

Street Address

State

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

ISSUED SHARES Number of Shares

Class/Series

500 SHS NO PAR VALUE

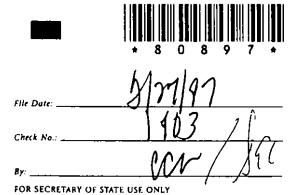
common

50

common

no par value

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

Signature of Officer i)ate

Hisham M. Soufan

Print or Type Name of Officer President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

			PRINT IN BLACK INK.			
I. CORPORATE ID NO.	2. NAME OF CORPORATION					
80897		INGTON MARKET, I	NC.			
3. STREET ADDRESS PRIVICIPAL BUSINESS OF	PiQ £	·	מוא	STATE	Tap cob€	
614 Central Aver	nue		Pawtucket	RI	02860	
BUSINESS PHONE NO.		5 STATE OF INCORPORATION			6. SEC CODE	
723-5710		RHODE IS	SLAND		3210	
BRIEF DESCRIPTION OF THE CHARACTER OF	BUSINESS COMDUCTED IN RHO) X ISLAHO	 	·		
convenience stor	e and grocer	У				
	8. N	AMES AND ADDR	ESSES OF THE OF	FICERS		
RESIDENT NAME			VICE PRESIDENT NAME			
Hisham M. Soufar	l 		none			
624 Central Aver	1116		STREET ADDRESS			
אַנג	STATE	<u></u>	i čitý	STATE	T 26 C0000	
Pawtucket	RI	02861	1	JAKE	2 000	
ECRETARY NAME		······································	TREASURER NAME			
Hisham M. Soufar	1		Hisham M. Soufan			
TREET ADORESS		- 11. 11. 11. 11	STREET ADDRESS			
same			same			
ALA.	STATE	ZIP C000€	ά r Y	STATE	70- COOE	
<u> </u>	9 · N	AMES AND ADDR	ESSES OF THE DI	RECTORS		
HRECTOR HAME			DIRECTOR NAME	· · · · · · · · · · · · · · · · · · ·		
none						
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	AUTHORIZED SHARES	3 1 A 1 Z 3 A 0 1 H 0 R	TZED AND ISSUED	ISSUED SHARES		
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This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/28/91/

Check No:

Ву:

979

For Secretary of State Use Only

all statements contained herein are true and correct.

Signature of Officer

Hisham M. Soufan

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that

Print or Type Name of Officer

President Title of Officer 128/916/00

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0080837 Corporate ID:	Annual Report for the year:			
DARLINGTO	N MARKET, INC			
Name of Corporation: Business entity organized under the laws of the State of: For foreign entity, address and telephone number of prin	Business Entity is (check one): [*] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)			
Phone: ()		Brief statement o	f the character of business condu	ected in Rhode Island:
Address and telephone of the principal office of business Island (Provide street address - Not P.O. Box): 614 Central Avenue Pawtucket, RI 02861		nience store and gro		
Phone: (_401) 723-5710				
	THE NAMES OF TH	E OFFICERS AR	<u> </u>	
PRESIDENT	STREET ADD	RESS	CITY/STATE	ZIP CODE
Hisham M. Soufan	624 Central Av	enue, Pawtuck RESS	et, RI 02861 CHYSTATE	XIP CODE
none	STREET ADDI	DE:66	CITYSTATE	AIP CODE.
Hisham M. Soufan	same	(NEA).1	CILIOIAIE	AP CODE
TREASURER	STREET ADDI	RESS	CTY/STATE	ZIP CODE
Hisham M. Soufan	same THE NAMES OF THE	F DIRECTORS AT	<u> </u>	
NAME	STREET ADD		CITY/STATE	ZIP CODE
NAME none	STREET ADDI	RESS	CITY/STATE	ZIP CODE
NAME	STREET ADDI	RESS	CITY/STATE	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be atta	ched)	NUMBER OF SHARE	S ISSUED AND OUTSTANDING	(Rider may be attached)
Cittas r Series	ommon ar value	Number of Shares	Chass / Gerres	common par value
Date March 1, 19 95	By:	Historsa	lutar	
Form 31 1/95	TITLE OF OFF	PE NAME OF OFFICER SIGNS ICER SIGNING	President	an
DESIGNATED	REGISTERED AGE	NT FOR SERVIC	E OF PROCESS:	

ROBERT J. AMEEN 226 COTTAGE STREET

PAWTUCKET

RI 02860

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FILED

MAR 0 6 1995

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