STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
80897	DARLINGTON MARKET, INC.			
3. Street Address Principal Business Office		City	State	Zip
614 CENTRAL AVENUE		PAWTUCKET	RI	02861
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4017235710	RHODE ISLAND			3210

7. Brief Description of the Character of Business Conducted in Rhode Island
GROCERY AND CONVENIENCE STORE.

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

President Name			Vice President Name		
Khalil Adra			Hisham M. Soufan		
Street Address			Street Address		
147 Carter Avenue			380 Grand Avenue		
City	State	Zip	City	State	Zip
Pawtucket	RI	02861	Pawtucket	RI	02861
Secretary Name			**Treasurer Name**		
Hisham M. Soufan			Khalil Adra		
Street Address			Street Address		
same			same		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
none					
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) ☐ **11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES		
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*

[redacted] 80897

80897 DBC 03/03/05 04:49:39 PM
File Date
Check No. FILED
By: MAR 1 a 2005
FOR SECRETARY OF STATE USE ONLY
By

[redacted]

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.

[redacted] 3-9-05
Signature of Officer *Date*

Hisham Soufan
Print or Type Name of Officer

V. President and Secretary
Title of Officer

Form 630 12-01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2004

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
80897	DARLINGTON MARKET, INC.

3. Street Address Principal Business Office	City	State	Zip
614 CENTRAL AVENUE	PAWTJCKET	RI	02861

4. Business Phone No	5. State of Incorporation	6. SIC Code
4017235710	RHODE ISLAND	3210

7. Brief Description of the Character of Business Conducted in Rhode Island
GROCERY AND CONVENIENCE STORE.

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

President Name	Vice President Name
Khalil Adra	Hisham M. Soufan
Street Address	Street Address
147 Carter Avenue	380 Grand Avenue
City / State / Zip	City / State / Zip
Pawtucket / RI / 02861	Pawtucket / RI / 02861
Secretary Name	Treasurer Name
Hisham M. Soufan	Khalil Adra
Street Address	Street Address
same	same
City / State / Zip	City / State / Zip

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

Director Name	Director Name
none	
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)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
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*

[redacted] 8 0 8 9 7 [redacted]

80897 DBC 02/23/04 01:04:39 PM
File Date 2-24-04
Check No. 2224
By CL
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.

[redacted] 2-24-04
Signature of Officer *Date*

Hisham M. Soufan
Print or Type Name of Officer

[redacted] Vice President
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
80897	DARLINGTON MARKET, INC.

3. Street Address Principal Business Office	City	State	Zip
614 CENTRAL AVENUE	PAWTUCKET	RI	02861

4. Business Phone No	5. State of Incorporation	6. SIC Code
4017235710	RHODE ISLAND	3210

7. Brief Description of the Character of Business Conducted in Rhode Island
GROCERY AND CONVENIENCE STORE.

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

President Name	Vice President Name
Khalil Adra	Hisham M. Soufan
Street Address	Street Address
147 Carter Avenue	380 Grand Avenue
City / State / Zip	City / State / Zip
Pawtucket / RI / 02861	Pawtucket / RI / 02861
Secretary Name	**Treasurer Name**
Hisham M. Soufan	Khalil Adra
Street Address	Street Address
same	same
City / State / Zip	City / State / Zip

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

Director Name	Director Name
none	
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)* ☐			11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐		
AUTHORIZED SHARES			ISSUED SHARES		
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

[redacted] *80897*

**80897* 2/23/032:18:27 PM*
File Date
Check No FEB 28 2003
By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 *Date* 2/27/03

Hisham M. Soufan
Print or Type Name of Officer

[redacted] Vice-President
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

STOP
PLEASE READ INSTRUCTIONS

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.: 80897
2. Name of Corporation: DARLINGTON MARKET, INC.
3. Street Address Principal Business Office: 614 Central Avenue
   City: Pawtucket State: RI Zip: 02861
4. Business Phone No.: 723-5710
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3210
7. Brief Description of the Character of Business Conducted in Rhode Island: convenience and grocery store

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

President Name: Khalil Adra
Street Address: 147 Carter Avenue
City: Pawtucket State: RI Zip: 02861

Vice President Name: Hisham M. Soufan
Street Address: 380 Grand Avenue
City: Pawtucket State: RI Zip: 02861

Secretary Name: Hisham M. Soufan
Street Address: same
City: State: Zip:

Treasurer Name: Khalil Adra
Street Address: same
City: State: Zip:

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

Director Name: none
Street Address:
City: State: Zip:

Director Name:
Street Address:
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
500 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	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

[redacted] [redacted]

* 8 0 8 9 7 *

File Date: 2-28-02

Check No.: 1232

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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] 2-26-02
Signature of Officer *Date*

Khalil Adra
Print or Type Name of Officer

President
Title of Officer

[redacted]

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80897
2. Name of Corporation DARLINGTON MARKET, INC.

3. Street Address Principal Business Office: 614 Central Avenue
City: Pawtucket
State: RI
Zip: 02861

4. Business Phone No.: 723-5710
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5210

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)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Khalil Adra
Street Address: 147 Carter Avenue
City: Pawtucket State: RI Zip: 02861

Vice President Name: Hisham M. Soufan
Street Address: 380 Grand Avenue
City: Pawtucket State: RI Zip: 02861

Secretary Name: Hisham M. Soufan
Street Address: same
City State Zip

Treasurer Name: Khalil Adra
Street Address: same
City State Zip

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

Director Name: none
Street Address
City State Zip

Director Name
Street Address
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
500 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	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

[redacted]

* 8 0 8 9 7 *

File Date: 4-19-01
Check No.: 3385
By: 2

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Khalil Adra — 4-17-01
Signature of Officer *Date*

Khalil Adra
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/99

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
80897	DARLINGTON MARKET, INC.			
3. Street Address Principal Business Office		City	State	Zip
614 Central Avenue		Pawtucket	RI	02861
4. Business Phone No.	5. State of Incorporation			6. SIC Code
723-5710	RHODE ISLAND			3210

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)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Khalil Adra			none		
Street Address			Street Address		
3 Halliday Street					
City	State	Zip	City	State	Zip
Pawtucket	RI	02861			
Secretary Name			Treasurer Name		
Hisham M. Soufan			Hisham M. Soufan		
Street Address			Street Address		
66 Federal Street			same		
City	State	Zip	City	State	Zip
Pawtucket	RI	02861			

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

Director Name			Director Name		
none					
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)*

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

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

ISSUED SHARES		
Number of Shares	Class/Series	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

[redacted]

File Date: 2/28/00

Check No.: 2849

By: RD

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Khalil Adra 2-25-00
Signature of Officer *Date*

Khalil Adra
Print or Type Name of Officer

President
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 80897
2. Name of Corporation: DARLINGTON MARKET, INC.
3. Street Address Principal Business Office: 614 Central Avenue — City: Pawtucket — State: RI — Zip: 02861
4. Business Phone No.: 723-5710
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3210
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*) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Khalil Adra	none
Street Address	Street Address
3 Halliday Street	
City / State / Zip	City / State / Zip
Pawtucket, RI 02861	
Secretary Name	Treasurer Name
Hisham M. Soufan	Hisham M. Soufan
Street Address	Street Address
66 Federal Street	66 Federal Street
City / State / Zip	City / State / Zip
Pawtucket RI 02861	Pawtucket RI 02861

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

Director Name	Director Name
none	
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*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500 SHS NO PAR VALUE	common	

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

ISSUED SHARES

Number of Shares	Class/Series	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

* 8 0 8 9 7 *

File Date: Feb 4 1999

Check No.: 2281

By: SD

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.

Khalil Adra — 2-2-99
Signature of Officer — *Date*

Khalis Adra
Print or Type Name of Officer

President
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
80897	DARLINGTON MARKET, INC.

3. Street Address Principal Business Office	City	State	Zip
614 Central Avenue	Pawtucket	RI	02861

4. Business Phone No.	5. State of Incorporation	6. SIC Code
723-5710	RHODE ISLAND	3210

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	Street Address	City	State	Zip
Khalil Adra	3 Halliday Street	Pawtucket	RI	02861

Vice President Name	Street Address	City	State	Zip
none				

Secretary Name	Street Address	City	State	Zip
Hisham M. Soufan	66 Federal Street	Pawtucket,	RI	02861

Treasurer Name	Street Address	City	State	Zip
Hisham M. Soufan	same			

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

Director Name	Street Address	City	State	Zip
none				

Director Name	Street Address	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
500 SHS	NO PAR VALUE common	

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

ISSUED SHARES

Number of Shares	Class/Series	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

[redacted] [redacted]

* 8 0 8 9 7 *

File Date: 2/25/98

Check No.: 1977

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] 2-24-98
Signature of Officer *Date*

Hisham M. Soufan
Print or Type Name of Officer

Secretary
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80897**

2. Name of Corporation **DARLINGTON MARKET, INC.**

3. Street Address Principal Business Office 614 Central Avenue

City Pawtucket *State* RI *Zip* 02861

4. Business Phone No. (401) 723-5710

5. State of Incorporation **RHODE ISLAND**

6. SIC Code **3210**

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 Hisham M. Soufan
Street Address 624 Central Avenue
City Pawtucket *State* RI *Zip* 02861

Vice President Name none
Street Address
City *State* *Zip*

Secretary Name Hisham M. Soufan
Street Address same
City *State* *Zip*

Treasurer Name Hisham M. Soufan
Street Address same
City *State* *Zip*

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

Director Name none
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
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

* 8 0 8 9 7 *

File Date: 3/27/97
Check No.: 1103
By: CCR / SEC
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.

Signature of Officer *Date* 2-26-97

Hisham M. Soufan
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION		
80897	DARLINGTON MARKET, INC.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	**CITY**	**STATE**	**ZIP CODE**
614 Central Avenue	Pawtucket	RI	02860
4. BUSINESS PHONE NO.	**5. STATE OF INCORPORATION**		**6. SIC CODE**
723-5710	RHODE ISLAND		3210

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

convenience store and grocery

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
Hisham M. Soufan			none		
STREET ADDRESS			**STREET ADDRESS**		
624 Central Avenue					
CITY	**STATE**	**ZIP CODE**	**CITY**	**STATE**	**ZIP CODE**
Pawtucket	RI	02861			
SECRETARY NAME			**TREASURER NAME**		
Hisham M. Soufan			Hisham M. Soufan		
STREET ADDRESS			**STREET ADDRESS**		
same			same		
CITY	**STATE**	**ZIP CODE**	**CITY**	**STATE**	**ZIP CODE**

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
none					
STREET ADDRESS			**STREET ADDRESS**		
CITY	**STATE**	**ZIP CODE**	**CITY**	**STATE**	**ZIP CODE**
DIRECTOR NAME			**DIRECTOR NAME**		
STREET ADDRESS			**STREET ADDRESS**		
CITY	**STATE**	**ZIP CODE**	**CITY**	**STATE**	**ZIP CODE**

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
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

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

Hisham M. Soufan
Print or Type Name of Officer

President
Title of Officer

2/28/96
Date

File Date: 2/28/96

Check No: 979

By: cs / cp

For Secretary of State Use Only

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.

Corporate ID: 0080697 Annual Report for the year: 1995

Name of Corporation: DARLINGTON MARKET, INC.

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:
n/a

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
614 Central Avenue
Pawtucket, RI 02861

Phone: (401) 723-5710

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
convenience store and grocery

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Hisham M. Soufan	624 Central Avenue,	Pawtucket, RI	02861
VICE PRESIDENT	none			
SECRETARY	Hisham M. Soufan	same		
TREASURER	Hisham M. Soufan	same		

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	none			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares 500 Class / Series common no par value	Number of Shares 50 Class / Series common no par value

Date March 1, 19 95 By: J Hisham Soufan

PRINT OR TYPE NAME OF OFFICER SIGNING: Hisham M. Soufan

TITLE OF OFFICER SIGNING: President

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

ROBERT J. AMEEN
226 COTTAGE STREET
PAWTUCKET RI 02860

FILED
MAR 0 6 1995
By cc 350