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.	2. Name of Corporation			
71921	MICHAEL'S FOOD MART, INC.			
3. Street Address Principal Business Office		City	State	Zip
5680 Post Road		Charlestown	RI	02813
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 322-1881	RHODE ISLAND			5210
7. Brief Description of the Character of Business Conducted in Rhode Island				
to generally engage in a general retail business				

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

President Name	Michael J. Pellam		Vice President Name	Jean M. Pellam	
Street Address	5680 Post Road		Street Address	5680 Post Road	
City	Charlestown	State RI Zip 02813	City	Charlestown	State RI Zip 02813
Secretary Name	Jean M. Pellam		Treasurer Name	Michael J. Pellam	
Street Address	5680 Post Road		Street Address	5680 Post Road	
City	Charlestown	State RI Zip 02813	City	Charlestown	State RI Zip 02813

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

Director Name	Michael J. Pellam		Director Name	none	
Street Address	5680 Post Road		Street Address		
City	Charlestown	State RI Zip 02813	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
800 SHS	NO PAR	VALUE	100	common	none

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

[redacted]

71921

File Date: FILED
JAN 31 2001
Check No.:
By: 19304
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.

Michael J. Pellam 1/26/01
Signature of Officer *Date*

MICHAEL J. PELLAM
Print or Type Name of Officer

PRESIDENT
Title of Officer