2075

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: .2021
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

	FILED
BY_	JAN 2 7 2021 AMP SECRETARY OF STATE USE ONLY

Entity ID Number	2. Exact name of the Corporation							
76850	JOSE R. HERNANDEZ PROVIDENCE MARKET, INC							
3. Principal Office Address		City		State	Zip			
757 BROAD STREET			PROVIDENC	CE '	RI	02907		
4. NAIGS Code 5. State of Incorporation RHODE ISLAND	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE SALE OF GROCERIES BOTH PERISHABLE AND NON-PERISHABLE							
7. List ALL officers (names and add	lresses)			Check to	ne hox to ir	ndicate an attachment		
President Name PRISCA I. SIMO			Vice-President Name SAME					
Street Address 31 VICTORIA AVEN	Street Address	Street Address						
City CRANSTON	State RI	^{Zip} 02920	City		State	Zip		
Secretary Name SAME			Treasurer Name SAME					
Street Address			Street Address					
City	State	Zip	City	City		Zip		
8. List ALL directors (names and a	ddresses)			Check t	he box to in	ndicate an attachment		
Director Name PRISCA I. SIMO	Director Name							
Street Address 31 VICTORIA AVENUE			Street Address	Street Address				
CRANSTON	State RI	^{Zip} 02920	City		State	Zip		
Director Name	•		Director Name		-4	•		
Street Address Street Address								
City	State	Zip	City		State	Zip		
9. Shares Authorized 10. St								
This information is currently of record in the		NUMBER O	NUMBER OF SHARES		CLASS/SERIES PAR VALUE DMMON NO PAR			
Department of State. Changes require an additional filing.		100	100			NO PAR		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.								
Under penalty of perjury, I decla	re and affirm	that I have examin	ed this report, it		panying s	chedules and		
statements, and that all statements contained herein are true and correct.								
Name of Authorized Representativ JOSE R. HERNANDEZ		Date 01/15/2021						
Signature of Authorized Represent X Jose R Herm		SIGN DO	CUMENT HE	RE	J			
4-770 1-17-0	~~}							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016