



State of Rhode Island
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

JAN 27 2021

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1. Entity ID Number 000003153		2. Exact name of the Corporation THE BUTCHER SHOP, INCORPORATED			
3. Principal Office Address 157 ELMWOOD AVENUE			City PROVIDENCE	State RI	Zip 02906
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island BUTCHER SHOP AND SMALL GROCERY STORE WITH PREPARED FOODS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID SURABIAN			Vice-President Name DAVID SURABIAN		
Street Address 76 APPELEGATE ROAD			Street Address 76 APPELEGATE ROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name SAME AS ABOVE			Treasurer Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID SURABIAN			Director Name NONE		
Street Address 76 APPELEGATE ROAD			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR VALUE
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 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.					
Name of Authorized Representative DAVID SURABIAN, PRESIDENT				Date 01/14/2021	
Signature of Authorized Representative <i>X David Surabian</i>					

MAIL TO:
Division of Business Services
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