



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

STAMP

MAR 30 2021

FOR

BY

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DS

1. Entity ID Number 11106		2. Exact name of the Corporation TOTRAMA SUPERMARKETS, INC.			
3. Principal Office Address 25 Village Plaza Way			City North Scituate	State RI	Zip 02857-0000
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island to operate a supermarket business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Mark G. Brigido			Vice-President Name none		
Street Address 35 Timberland Drive			Street Address none		
City Lincoln	State RI	Zip 02865-	City none	State none	Zip none
Secretary Name Mark G. Brigido			Treasurer Name Mark G. Brigido		
Street Address 35 Timberland Drive			Street Address 35 Timberland Drive		
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name Mark G. Brigido			Director Name Bruce J. Brigido		
Street Address 35 Timberland Drive			Street Address 35 Timberland Drive		
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-
Director Name Lee Ann Brigido			Director Name none		
Street Address 35 Timberland Drive			Street Address none		
City Lincoln	State RI	Zip 02865-	City none	State none	Zip none
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 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 Mark G. Brigido President				Date 1/04/2021	
Signature of Authorized Representative 					