RI SOS Filing Number: 202195708190 Date: 4/13/2021 4:00:00 PM State of Rhode Island Department of State - Business Services Division Annual Report for the year: 2021 Corporation RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV → Filing period: January 1 - March 1 → Filing Fee: \$50.00 -> Penalty: Additional \$25.00 fee if form is not filed by April 1. 2021 APR 13 P 2:05 1. Entity ID Number 2. Exact name of the Corporation 313364 SPARTAN FOOD ENTERPLISES INC. 3. Principal Office Address State 306 COWESSIT AUE ax. 02893 WEST WAZENICK 4 NAICS Code 6. Brief description of the character of business conducted in Rhode Island PIZZA RESTAURANT Check the box to indicate an attachment Vice-President Name 3464 Street Address City Zip Treasurer Name NONS\_ Street Address State Zip City State Zip

722*5*13 5. State of Incorporation 7. List ALL officers (names and addresses) President Name DIMITRI Street Address 137 Secretary Name Street Address City 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name ろりん トンしゃ Street Address Street Address City State City State Ziρ Director Name Director Name Street Address Street Address City State State Check the box to indicate an attachment 9. Shares Authorized 10. Shares Issued NUMBER OF SHARES PAR VALUE This information is currently of record in the Department of State. MONE じのし Changes require an additional filing. 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 4/9/21 DIMITAL Signature of Authorized Representative FILED"

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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MAIL TO:

BY CU W317K

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FORM 630 - Revised: 08/2020