RI SOS Filing Number: 202198230670 Date: 6/14/2021 4:00:00 PM

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.

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BUS SVCS DIV
2021 JUN 14 A 10:17

1. Entity ID Number	2. Exact name of the Corporation		
1715892	POLLITO MEAT CORP		
3. Principal Office Address: 361 RESERVOIR AVE	City: PROVIDENCE	State: RI	Zip: 02907
4. NAICS Code: 445299	6. Brief description of the character of business conducted in Rhode Island: GROCERY RETAIL		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ANDRES FERREIRA			Vice-President Name: JESUS R ACOSTA		
Street Address: 10 LONG RIDGE LN			Street Address: 231 FERRARIS ST		
City: OLD BROOKVILLE	State: NY	Zip: 11545	City: COPAGUE	State: NY	Zip: 11726
Secretary Name: LAURA M ANDUJAR			Treasurer Name: JOSE D GENERE		
Street Address: 183 CARRINGTON AVE			Street Address: 14 INDEPENDENCE DR		
City: WOONSOCKET	State: RI	Zip: 02895	City: WARWICK	State: RI	Zip: 02888

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: FREDI CUEVA			Director Name: N/A		
Street Address: 183 CARRINGTON AVE			Street Address:		
City: WOONSOCKET	State: RI	Zip: 02895	City:	State:	Zip:
Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☑

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		

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: Jesus R. Acosta — Date: 06/08/21

Signature of Authorized Representative: Jesus Rafael Acosta

FILED 10:17

JUN 14 2021

BY:

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 650 - Revised: 08/2020