



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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUL 26 A 11:55

1. Entity ID Number 000965402		2. Exact name of the Corporation SM DISTRIBUTION INC	
3. Principal Office Address 72 LINDEN ST		City PAWTUCKET	State RI
		Zip 02861	
4. NAICS Code 492210	6. Brief description of the character of business conducted in Rhode Island LOCAL DELIVERIES OF BREAD AND SNACKS		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SALVADOR MARTINEZ		Vice-President Name SALVADOR MARTINEZ	
Street Address 72 LINDEN ST		Street Address 72 LINDEN ST	
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET
			State RI
			Zip 02861
Secretary Name SALVADOR MARTINEZ		Treasurer Name SALVADOR MARTINEZ	
Street Address 72 LINDEN ST		Street Address 72 LINDEN ST	
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET
			State RI
			Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address 72 LINDEN ST	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
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	C..ASS:SERIES
		400	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 RODRIGO BETANCUR			Date 07-26-2021
Signature of Authorized Representative <i>Rodrigo J Betancur</i>			

FILED

BY *[Signature]*
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