



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.

RECEIVED
 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION
STAMP
 2021 OCT -8 A 10:54

1. Entity ID Number 000295011		2. Exact name of the Corporation 221 Academy Avenue Meat, Inc.			
3. Principal Office Address 221 Academy Avenue		City Providence		State RI	Zip 02908
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island GROCERY STORE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fatima D. Almanzar			Vice-President Name		
Street Address 74 Armington Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name		
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			Director Name		
Street Address			Street Address		
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		CLASS/SERIES
			8,000.00		PAR VALUE
					0.0000
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 Fatima D. Almanzar				Date 10/07/21	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED ✓
 OCT 08 2021
 BY an AH4XK FORM 630 - Revised: 08/2020
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