



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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| | | | |
|---|--------------------|---|--------------------|
| 1. Entity ID Number <u>1659983</u> | | 2. Exact name of the Corporation <u>Providence Food Corp</u> | |
| 3. Principal Office Address <u>863 Broad St</u> | | City <u>Providence</u> | State <u>RI</u> |
| 4. NAICS Code <u>445110</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>Grocery, Retail</u> | |
| 5. State of Incorporation <u>RI</u> | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Andres M. Ferreira</u> | | Vice-President Name <u>Jesus R. Aosta</u> | |
| Street Address <u>10 Long Ridge Lane</u> | | Street Address <u>231 Ferraris St</u> | |
| City <u>Old Brookville</u> | State <u>NY</u> | City <u>Opuscle</u> | State <u>NY</u> |
| Zip <u>11545</u> | | Zip <u>11724</u> | |
| Secretary Name <u>Geraldine Aosta</u> | | Treasurer Name | |
| Street Address <u>231 Ferraris St</u> | | Street Address | |
| City <u>Opuscle</u> | State <u>NY</u> | City | State |
| Zip <u>11724</u> | | | |
| 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 | City | State |
| Zip | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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. | | NUMBER OF SHARES | |
| Changes require an additional filing. | | CLASS/SERIES | |
| | | PAR VALUE | |
| | | <u>200</u> | |
| | | <u>0.0</u> | |
| 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 <u>Geraldine Aosta</u> | | Date <u>10/20/21</u> | |
| Signature of Authorized Representative <u>Geraldine Aosta</u> | | FILED | |