



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
 JAN 20 2023  
 BY

1. Entity ID Number 11106		2. Exact name of the Corporation TOTRAMA SUPERMARKETS, INC.			
3. Principal Office Address 25 Village Plaza Way			City North Scituate	State RI	Zip 02857-0000
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island to operate a supermarket business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Mark G. Brigido		Vice-President Name none			
Street Address 35 Timberland Drive		Street Address none			
City Lincoln	State RI	Zip 02865-	City none	State none	Zip none
Secretary Name Mark G. Brigido		Treasurer Name Mark G. Brigido			
Street Address 35 Timberland Drive		Street Address 35 Timberland Drive			
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Mark G. Brigido		Director Name none			
Street Address 35 Timberland Drive		Street Address none			
City Lincoln	State RI	Zip 02865-	City none	State none	Zip none
Director Name none		Director Name none			
Street Address none		Street Address none			
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	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.					
<b>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.</b>					
Name of Authorized Representative Mark G. Brigido President				Date January 2, 2023	
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