



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 145766		2. Exact name of the Corporation BUTCHER BLOCK MEATS, LTD			
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 ☐					
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 ☐					
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 Check the box to indicate an attachment ☐		
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.					
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 Mark G. Brigido				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