



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 STAMP

JAN 25 2023

BY 3180 OS

1. Entity ID Number 000003153		2. Exact name of the Corporation THE BUTCHER SHOP, INCORPORATED			
3. Principal Office Address 157 ELMGROVE AVENUE		City PROVIDENCE		State RI	Zip 02906
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island BUTCHER SHOP AND SMALL GROCERY STORE			
5. State of Incorporation 02/25/72					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name DAVID R SURABIAN			Vice-President Name DAVID R SURABIAN		
Street Address 76 APPLGATE ROAD			Street Address 76 APPLGATE ROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name DAVID R SURABIAN			Treasurer Name DAVID R SURABIAN		
Street Address 76 APPLGATE ROAD			Street Address 76 APPLGATE ROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name DAVID R SURABIAN			Director Name		
Street Address 76 APPLGATE ROAD			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			500		CNP
			PAR VALUE		0
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 DAVID R SURABIAN				Date 01/15/23	
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