



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2023**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 31 2023

BY 8225

1. Entity ID Number 001659983		2. Exact name of the Corporation PROVIDENCE FOOD CORP												
3. Principal Office Address 863 BRAOD STREET			City PROVIDENCE	State RI	Zip 02907									
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island SUPERMARKET												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name ANDRES FERREIRA			Vice-President Name JESUS RAFAEL ACOSTA											
Street Address 10 LONG RIDGE LANE			Street Address 211 FERRIS ST											
City OLD BROOKVILLE	State NY	Zip 11545	City COPIAGUE	State NY	Zip 11726									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	CNP	0.00			
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200	CNP	0.00												
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 JESUS RAFAEL ACOSTA					Date 01/24/23									
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-5040

Website: www.sos.ri.gov