



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 <b>001659983</b>		2. Exact name of the Corporation <b>PROVIDENCE FOOD CORP</b>			
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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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		PAR VALUE
			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.					
<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 JESUS RAFAEL ACOSTA				Date 01/24/23	
Signature of Authorized Representative 					

MAIL TO:  
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