



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**

**MAR 02 2023**

BY Dyleso

1. Entity ID Number <b>000009231</b>		2. Exact name of the Corporation <b>Meat Cutters and Food Store Workers Building, Inc.</b>	
3. Principal Office Address <b>278 Silver Spring Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02904</b>	
4. NAICS Code <b>531120</b>	6. Brief description of the character of business conducted in Rhode Island <b>Building Holding Company</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
President Name <b>Timothy M. Melia</b>		Vice-President Name <b>Joseph Renzi</b>	
Street Address <b>170 Setucket Road</b>		Street Address <b>18 Newwood Drive</b>	
City <b>Yarmouthport</b>	State <b>MA</b>	City <b>Cranston</b>	State <b>RI</b>
	Zip <b>02675</b>		Zip <b>02914</b>
Secretary Name <b>Sandra Natale</b>		Treasurer Name <b>Domenic T. Pontarelli</b>	
Street Address <b>354 Read Street</b>		Street Address <b>44 Hillside Avenue</b>	
City <b>Seekonk</b>	State <b>MA</b>	City <b>East Providence</b>	State <b>RI</b>
	Zip <b>02771</b>		Zip <b>02914</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Timothy M. Melia</b>		Director Name <b>Joseph Renzi</b>	
Street Address <b>170 Setucket Road</b>		Street Address <b>18 Newwood Drive</b>	
City <b>Yarmouthport</b>	State <b>MA</b>	City <b>Cranston</b>	State <b>RI</b>
	Zip <b>02675</b>		Zip <b>02914</b>
Director Name <b>Sandra Natale</b>		Director Name <b>Domenic T. Pontarelli</b>	
Street Address <b>54 Read Street</b>		Street Address <b>44 Hillside Avenue</b>	
City <b>Seekonk</b>	State <b>MA</b>	City <b>East Providence</b>	State <b>RI</b>
	Zip <b>02771</b>		Zip <b>02914</b>
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	
		PAR VALUE	
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 <b>Timothy M. Melia</b>			Date <b>02/21/2023</b>
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