



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 MAY 11 A 11:17

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 521411		2. Exact name of the Corporation NEW MIDLAND FARMS INC.			
3. Principal Office Address 429 WOOD ST.			City BRISTOL	State R.I.	Zip 02809
4. NAICS Code 454390		6. Brief description of the character of business conducted in Rhode Island RETAIL GROCERY STORE.			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ZAHEER ABBAS			Vice-President Name ZEEZHAN ALI.		
Street Address 25 CATHERINE ST.			Street Address 25 CATHERINE ST.		
City BRISTOL	State R.I.	Zip 02809	City BRISTOL	State R.I.	Zip 02809
Secretary Name JOHN C. ALVES			Treasurer Name		
Street Address 639 HICKS ST.			Street Address		
City FALL RIVER	State MA	Zip 02723	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.			NUMBER OF SHARES		
			CLASS/SERIES		
			1000.	C.	N.A.
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 [Signature]				Date 5/11/23.	
Signature of Authorized Representative [Signature]				Date MAY 11 2023 BY SD8T6	