



State of Rhode Island and Providence Plantations
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
 JUN -7 2023
 BY 95
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1. Entity ID Number 504667		2. Exact name of the Corporation Sanchez Brothers, Inc.			
3. Principal Office Address 600 Plainfield Street			City Providence	State RI	Zip 02909
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island Grocery Store			
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 Jose Sanchez			Vice-President Name Francisco J. Sanchez		
Street Address 600 Plainfield Street			Street Address 380 Sunset Avenue		
City Providence	State RI	Zip 02909	City North Providence	State RI	Zip 02911
Secretary Name Jose Sanchez			Treasurer Name Francisco J. Sanchez		
Street Address 600 Plainfield Street			Street Address 380 Sunset Avenue		
City Providence	State RI	Zip 02909	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jose Sanchez			Director Name		
Street Address 600 Plainfield Street			Street Address		
City Providence	State RI	Zip 02909	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		PAR VALUE
			1000	common stock	no 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.					
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 Jose Sanchez				Date 6/2/2023	
Signature of Authorized Representative <i>X Jose Sanchez</i>					