



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAMP

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FOR SECRETARY OF STATE USE ONLY

1309

- 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 000071502 | | 2. Exact name of the Corporation QUISQUEYA MARKET, INC | | | |
| 3. Principal Office Address 933 BROAD STREET | | | City PROVIDENCE | State RI | Zip 02907 |
| 4. NAICS Code 445110 | | 6. Brief description of the character of business conducted in Rhode Island GROCERY STORE SELLING FOOD, GROCERIES, MEATS, SOAPS, DETERGENTS, HOUSEHOLD MAINTENANCE GOODS | | | |
| 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 SANDY RAMIREZ | | | Vice-President Name SAME | | |
| Street Address 15 HENRY STREET | | | Street Address | | |
| City CRANSTON | State RI | Zip 02905 | City | State | Zip |
| Secretary Name SAME | | | Treasurer Name SAME | | |
| 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 SME | | | 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 | PAR VALUE |
| | | 2000 | | COMMON | 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 SANDY RAMIREZ | | | | Date 06/01/2023 | |
| Signature of Authorized Representative | | | | | |