



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022
Corporation

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BUS SVCS DIV.

2023 SEP 20 P 2:33

- 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 001705689		2. Exact name of the Corporation Demoulas Super Markets, Inc.			
3. Principal Office Address 875 East Street			City Tewksbury	State MA	Zip 01876
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island Super market and related lawful activities.			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Arthur T. Demoulas			Vice-President Name N/A		
Street Address 875 East Street			Street Address		
City Tewksbury	State MA	Zip 01876	City	State	Zip
Secretary Name N/A			Treasurer Name Donald T. Mulligan		
Street Address			Street Address 875 East Street		
City	State	Zip	City Tewksbury	State MA	Zip 01876
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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
		0		CNP	\$0.0000
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 Jasmine Carcieri				Date 9/20/2023	
Signature of Authorized Representative <i>Jasmine Carcieri</i>				FILED	
				SEP 20 2023 2:35pm	

MAIL TO
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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