



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 SEP 20 P 2:33

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

FILED

SEP 20 2023 2:35pm

BY LKS OF366

MAIL TO

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised 04/2023