



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

**Annual Report for the year: 2024**  
Corporation \_\_\_\_\_

**FILED**

JAN 22 2024

*[Handwritten signature]*

- 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 145766		2. Exact name of the Corporation BUTCHER BLOCK MEATS, LTD			
3. Principal Office Address 25 Village Plaza Way			City North Scituate	State RI	Zip 02857-0000
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island to operate a supermarket business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Mark G. Brigido			Vice-President Name none		
Street Address 35 Timberland Drive			Street Address none		
City Lincoln	State RI	Zip 02865-	City none	State none	Zip none
Secretary Name Mark G. Brigido			Treasurer Name Mark G. Brigido		
Street Address 35 Timberland Drive			Street Address 35 Timberland Drive		
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Mark G. Brigido			Director Name none		
Street Address 35 Timberland Drive			Street Address none		
City Lincoln	State RI	Zip 02865-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				No Par	
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.					Check the box to indicate an attachment <input type="checkbox"/>
<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 Mark G. Brigido				Date January 2, 2024	
Signature of Authorized Representative <i>Mark G. Brigido</i>					

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.n.gov