



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 FEB 12 AM 11:47:16

Annual Report for the year: 2024  
Corporation

- 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 <b>099883</b>	2. Exact name of the Corporation <b>El Primo Fruit Market INC</b>
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3. Principal Office Address <b>212 MANTON AVE</b>	City <b>PROVIDENCE</b>	State <b>R.I.</b>	Zip <b>02907</b>
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4. NAICS Code <b>424480</b>	6. Brief description of the character of business conducted in Rhode Island
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5. State of Incorporation <b>RI</b>	<b>FRUIT MARKET</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Ramon Hernandez</b>			Vice-President Name <b>Jose Hernandez</b>		
Street Address <b>441 POTTEN AVE APT 2</b>			Street Address <b>441 POTTEN AVE APT 2</b>		
City <b>PROVIDENCE</b>	State <b>R.I.</b>	Zip <b>02907</b>	City <b>PROV</b>	State <b>R.I.</b>	Zip <b>02907</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name			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

This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES <b>1000</b>	CLASS/SERIES	PAR VALUE <b>0</b>

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 <b>Ramon Hernandez</b>	Date <b>2/12/24</b>
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Signature of Authorized Representative <i>Ramon Hernandez</i>	<b>FILED</b>
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MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FEB 12 2024**  
**BY ML PT3WT**