



State of Rhode Island
Department of State - Business Services Division

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.

FILED

MAR 07 2024

BY *PL 3982*

1. Entity ID Number 000003153		2. Exact name of the Corporation THE BUTCHER SHOP, INCORPORATED			
3. Principal Office Address 157 ELMGROVE AVENUE			City PROVIDENCE	State RI	Zip 02906
4. NAICS Code 44510		6. Brief description of the character of business conducted in Rhode Island BUTCHER SHOP AND SMALL GROCERY STORE			
5. State of Incorporation 02/25/1972					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DAVID R SURABIAN			Vice-President Name DAVID R SURABIAN		
Street Address 76 APPLGATE ROAD			Street Address 76 APPLGATE ROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name DAVID R SURABIAN			Treasurer Name DAVID R SURABIAN		
Street Address 76 APPLGATE ROAD			Street Address 76 APPLGATE ROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name DAVID R SURABIAN			Director Name		
Street Address 76 APPLGATE ROAD			Street Address		
City CRANSTON	State RI	Zip 02920	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		
			CLASS/SERIES		
			500	cnp	0
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 DAVID R SURABIAN				Date 02/24/24	
Signature of Authorized Representative <i>David R Surabian</i>					

MAIL TO:
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Website: www.sos.ri.gov