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 3982

1. Entity ID Number	2. Exact name of the Corporation		
000003153	THE BUTCHER SHOP, INCORPORATED		
3. Principal Office Address	City	State	Zip
157 ELMGROVE AVENUE	PROVIDENCE	RI	02906
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
44510	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 APPLEGATE ROAD			Street Address 76 APPLEGATE 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 APPLEGATE ROAD			Street Address 76 APPLEGATE 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 APPLEGATE 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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
DAVID R SURABIAN	02/24/24

Signature of Authorized Representative
X David R Surabian

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