



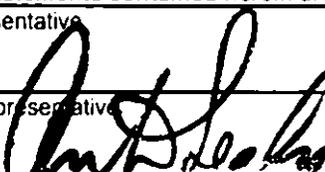
**State of Rhode Island
Department of State - Business Services Division**

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 STAMP
MAR 19 2024
BY 1227

| | | | | | |
|---|--------------------|--|---|--|---------------------|
| 1. Entity ID Number 000901368 | | 2. Exact name of the Corporation Antonio Management Company, Inc. | | | |
| 3. Principal Office Address 574 Ferry Street | | | City Newark | State NJ | Zip 07105 |
| 4. NAICS Code 55114 | | 6. Brief description of the character of business conducted in Rhode Island Retail grocery store mangement company | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Antonio Seabra | | | Vice-President Name Adam Seabra | | |
| Street Address 33 SE Olive Way | | | Street Address 574 Ferry Street | | |
| City Boca Raton | State FL | Zip 33432 | City Newark | State NJ | Zip 07105 |
| Secretary Name Antonio Seabra | | | Treasurer Name Antonio Seabra | | |
| Street Address 33 SE Olive Way | | | Street Address 33 SE Olive Way | | |
| City Boca Raton | State FL | Zip 33432 | City Boca Raton | State NJ | Zip 33432 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Antonio Seabra | | | Director Name | | |
| Street Address 33 SE Olive Way | | | Street Address | | |
| City Boca Raton | State FL | Zip 33432 | 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 <input type="checkbox"/> | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | |
| | | 800 | | Common | |
| | | | | PAR VALUE | |
| | | | | \$1.00 | |
| 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 Antonio Seabra | | | | Date 03/14/2024 | |
| Signature of Authorized Representative  | | | | | |

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov