



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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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:  
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