



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 80735		2. Name of Corporation Joe's Meat Market, Inc.			
3. Street Address Principal Business Office 1339 Westminster Street			City Providence	State R.I.	Zip 02909
4. Business Phone No. (401) 331-4081		5. State of Incorporation RHODE ISLAND			6. SIC Code 3236
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL MEAT PRODUCTS AND SUPPLIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jose T. Sousa			Vice President Name		
Street Address 6 Wagonwheel Road			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			200	Common	none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 2/28/05  
Check No. 122  
By: W.  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 01/14/05  
Print or Type Name of Officer  
OWNER President  
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 80735		2. Name of Corporation Joe's Meat Market, Inc.			
3. Street Address Principal Business Office 1339 Westminster Street			City Providence	State RI	Zip 02909
4. Business Phone No. 331.4081		5. State of Incorporation RHODE ISLAND			6. SIC Code 3236
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL MEAT PRODUCTS AND SUPPLIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jose T. Sousa			Vice President Name		
Street Address 6 Wagonwheel Road			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name Jose T. Sousa			Treasurer Name		
Street Address 6 Wagonwheel Road			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jose T. Sousa			Director Name		
Street Address 6 Wagonwheel Road			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			200	common	without par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 0 7 3 5 \*

FILED

JAN 21 2004

By Kmc

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.

Signature of Officer

Jose T. Sousa

Print or Type Name of Officer

President

Title of Officer

Date

1/12/04

File Date

Check No. 1239

By:

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. \*80735\* 2. Name of Corporation ARMANDO'S MEAT MARKET INCORPORATED  
3. Street Address Principal Business Office 1339 WESTMINSTER STREET City PROVIDENCE State RI Zip 02909  
4. Business Phone No. 4013314081 5. State of Incorporation RHODE ISLAND 6. SIC Code 3236  
7. Brief Description of the Character of Business Conducted in Rhode Island  
TO SELL MEAT PRODUCTS AND SUPPLIES.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Armando Nieves Street Address 1339 Westminister Street City Providence State RI Zip 02903	Vice President Name Jose T. Sousa Street Address 1339 Westminister Street City Providence State RI Zip 02903
Secretary Name Jose T. Sousa Street Address 1339 Westminister Street City Providence State RI Zip 02903	Treasurer Name Armando Nieves Street Address 1339 Westminister Street City Providence State RI Zip 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name None Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1,000 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES  
Number of Shares Class/Series Par Value  
200 common no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer Armando Nieves Date 2/4/03  
Print or Type Name of Officer Armando Nieves  
Title of Officer President

\*\*80735\* 2/3/032:29:46 PM\*  
File Date 2-12-03  
Check No. 9159  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>80735</b>		2. Name of Corporation <b>ARMANDO'S MEAT MARKET INCORPORATED</b>	
3. Street Address Principal Business Office <b>1339 Westminster Street</b>		City <b>Providence</b>	State <b>RI</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>	Zip <b>02903</b>
6. SIC Code <b>3236</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Sale of meat products and supplies</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Armando Nieves</b>		Vice President Name <b>Jose T. Sousa</b>	
Street Address <b>1339 Westminster Street</b>		Street Address <b>1339 Westminster Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02903</b>	
Secretary Name <b>Jose T. Sousa</b>		Treasurer Name <b>Armando Nieves</b>	
Street Address <b>1339 Westminster Street</b>		Street Address <b>1339 Westminster Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02903</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>None</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>1,000 COMM NO PAR VALUE</b>		<b>200</b>	<b>common</b>
Par Value		Par Value	
			<b>no par value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 0 7 3 5 \*

File Date: 4-26-02

Check No.: 7738

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 4-15-02  
Signature of Officer Date

Armando Nieves  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>80735</b>		2. Name of Corporation <b>ARMANDO'S MEAT MARKET INCORPORATED</b>			
3. Street Address Principal Business Office <b>1339 Westminster Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
4. Business Phone No. <b>401-331-4081</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. <b>3258</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Sale of meat products and supplies</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>Armando Nieves</b>		Vice President Name <b>Jose T. Sousa</b>			
Street Address <b>1339 Westminster Street</b>		Street Address <b>1339 Westminster Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Jose T. Sousa</b>		Treasurer Name <b>Armando Nieves</b>			
Street Address <b>1339 Westminster Street</b>		Street Address <b>1339 Westminster Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>NONE</b>		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
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS COMM NO PAR VAL</b>			<b>200</b>	<b>Common</b>	<b>No par value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 0 7 3 5 \*

**FILED**

File Date: **MAR 01 2001**

Check No.: **By CC 32151**

By: **u**

FOR SECRETARY OF STATE USE ONLY

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.

**Armando Nieves**  
Signature of Officer Date

**Armando Nieves**  
Print or Type Name of Officer

**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>80735</b>		2. Name of Corporation <b>ARMANDO'S MEAT MARKET INCORPORATED</b>	
3. Street Address Principal Business Office <b>1339 Westminster Street</b>		City <b>Providence</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 331-4081</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>3236</b>		7. Brief Description of the Character of Business Conducted in Rhode Island <b>Sale of meat products and supplies</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS (*N* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Armando Nieves</b>		Vice President Name <b>Jose T. Sousa</b>	
Street Address <b>1339 Westminster Street</b>		Street Address <b>1339 Westminster Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Secretary Name <b>Jose T. Sousa</b>		Treasurer Name <b>Armando Nieves</b>	
Street Address <b>1339 Westminster Street</b>		Street Address <b>1339 Westminster Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*N* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address <b>None</b>		Street Address <b>None</b>	
City <b>None</b>	State <b>None</b>	City <b>None</b>	State <b>None</b>
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address <b>None</b>		Street Address <b>None</b>	
City <b>None</b>	State <b>None</b>	City <b>None</b>	State <b>None</b>
10. SHARES AUTHORIZED (*N* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1,000 SHS COMM NO PAR VAL</b>			
11. SHARES ISSUED (*N* BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>200</b>	<b>No par value</b>	<b>None</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 0 7 3 5 \*

FILED

File Date: **FEB 09 2000**

Check No.: **CE 4054**

By: **Armando Nieves**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **Armando Nieves** Date **2/6/00**

Print or Type Name of Officer  
**Armando Nieves**

Title of Officer  
**President**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>80735</b>		2. Name of Corporation <b>ARMANDO'S MEAT MARKET INCORPORATED</b>			
3. Street Address Principal Business Office <b>1339 Westminster Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No. <b>331-4081</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>3238</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Sale of meat products and supplies</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Armando Nieves</b>			Vice President Name <b>Jose T. Sousa</b>		
Street Address <b>1339 Westminster Street</b>			Street Address <b>1339 Westminster Street</b>		
City <b>Providence,</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Jose T. Sousa</b>			Treasurer Name <b>Armando Nieves</b>		
Street Address <b>1339 Westminster Street</b>			Street Address <b>1339 Westminster Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence,</b>	State <b>RI</b>	Zip <b>02903</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>None</b>			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
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS COMM NO PAR VAL</b>			<b>200</b>	<b>No Par Value</b>	<b>None</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 0 7 3 5 \*

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.

Armando Nieves 2/8/99  
Signature of Officer Date

Armando Nieves  
Print or Type Name of Officer

President  
Title of Officer

File Date: 2/9/99

Check No.: 2409

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>80735</b>		2. Name of Corporation <b>ARMANDO'S MEAT MARKET INCORPORATED</b>			
3. Street Address Principal Business Office <b>1339 Westminster Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No. <b>331-4081</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>3236</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Sale of meat products and supplies</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Armando Nieves</b>			Vice President Name <b>Jose T. Sousa</b>		
Street Address <b>1339 Westminster Street</b>			Street Address <b>1339 Westminster Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Jose T. Sousa</b>			Treasurer Name <b>Armando Nieves</b>		
Street Address <b>1339 Westminster Street</b>			Street Address <b>1339 Westminster Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>None</b>			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
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS COMM NO PAR VAL</b>			<b>200</b>	<b>No Par Value</b>	<b>None</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 0 7 3 5 \*

File Date: 2/13/98

Check No.: 3804

By: 106

FOR SECRETARY OF STATE USE ONLY

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.

Armando Nieves 2/9/98  
Signature of Officer Date

**Armando Nieves**

Print or Type Name of Officer

**President**

Title of Officer



# PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>80735</b>		2. Name of Corporation <b>ARMANDO'S MEAT MARKET INCORPORATED</b>			
3. Street Address Principal Business Office <b>1339 Westminster Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No. <b>331-4081</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>3236</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Sale of meat products and supplies</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Armando Nieves</b>			Vice President Name <b>Jose T. Sousa</b>		
Street Address <b>1339 Westminster Street</b>			Street Address <b>1339 Westminster Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Jose T. Sousa</b>			Treasurer Name <b>Armando Nieves</b>		
Street Address <b>1339 Westminster Street</b>			Street Address <b>1339 Westminster Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
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
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS COMM NO PAR VAL</b>			<b>200</b>	<b>No Par Value</b>	<b>none</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1/16/97  
Check No.: 1981  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 01-14-97  
Signature of Officer Date  
ARMANDO NIEVES  
Print or Type Name of Officer  
President  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 80735		2. NAME OF CORPORATION ARMANDO'S MEAT MARKET INCORPORATED			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1339 Westminster Street		CITY Providence		STATE RI	ZIP CODE 02903
4. BUSINESS PHONE NO. 331-4081		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 3236
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Sale of meat products and supplies					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Armando Nieves			VICE PRESIDENT NAME Jose T. Sousa		
STREET ADDRESS 1339 Westminster Street			STREET ADDRESS 1339 Westminster Street		
CITY Providence	STATE RI	ZIP CODE 02903	CITY Providence	STATE RI	ZIP CODE 02903
SECRETARY NAME Jose T. Sousa			TREASURER NAME Armando Nieves		
STREET ADDRESS 1339 Westminster Street			STREET ADDRESS 1339 Westminster Street		
CITY Providence	STATE RI	ZIP CODE 02903	CITY Providence	STATE RI	ZIP CODE 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS COMM NO PAR VAL			200	No Par Value	none

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 2/29/96 *RFB*  
Check No: 1863  
By: u  
For Secretary of State Use Only

*X Armando Nieves*  
Signature of Officer  
*X ARMANDO NIEVES*  
Print or Type Name of Officer  
*X President* 2/27/96  
Title of Officer Date

**ANNUAL REPORT**

Please Type or Print  
File Annually - Jan. 1 - March 1  
Filing Fee \$50.00  
Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0060755 Annual Report for the year: 1995

Name of Corporation: ARMANDO'S MEAT MARKET INCORPORATED

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1339 Westminster Street  
Providence, RI 02903

Phone: (401) 331-2191

Brief statement of the character of business conducted in Rhode Island:

To sell meat products and supplies.

**THE NAMES OF THE OFFICERS ARE:**

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>ARMANDO NIEVES</u>	<u>1339 Westminster Street, Providence, RI</u>	<u>02903</u>
VICE PRESIDENT	<u>JOSE T. SOUSA</u>	<u>1339 Westminster Street, Providence, RI</u>	<u>02903</u>
SECRETARY	<u>JOSE T. SOUSA</u>	<u>1339 Westminster Street, Providence, RI</u>	<u>02903</u>
TREASURER	<u>ARMANDO NIEVES</u>	<u>1339 Westminster Street, Providence, RI</u>	<u>02903</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>N/A</u>		
NAME:	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME:	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

One Thousand (1000) common without par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

Two Hundred (200) Common without par value

Date January 23<sup>rd</sup>, 1995

By Armando Nieves

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

DANIEL A. CALNDA  
171 BROADWAY  
PROVIDENCE

RI ~~02900~~  
02903

**FILED**

JAN 25 1995

By ABCh H

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