

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

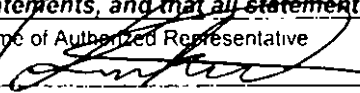
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 17 2024

BY 1561

DS

1 Entity ID Number 001721552		2 Exact name of the Corporation CENTRAL MARKET INC			
3 Principal Office Address 536 CRANSTON STREET			City PROVIDENCE	State RI	Zip 02907
4 NAICS Code 445120	6. Brief description of the character of business conducted in Rhode Island				
5 State of Incorporation RI	CONVENIENCE STORE				
7 List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name LIN KET			Vice-President Name		
Street Address 2840 PLAINFIELD ST			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name LIN KET			Treasurer Name LIN KET		
Street Address 2840 PLAINFIELD ST			Street Address 2840 PLAINFIELD ST		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
8 List ALL directors (names and addresses)					Check the box to indicate an attachment
Director Name LIN KET			Director Name		
Street Address 2840 PLAINFIELD ST			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE	
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 3/27/2024
Signature of Authorized Representative LIN KET					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov