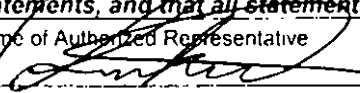


**State of Rhode Island
Department of State - Business Services Division**

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 CONVENIENCE STORE			
5 State of Incorporation RI					
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 Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SFR FS	
		100		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