State of Rhode Island No Fee
Office of the Secretary of State Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040 Business Corporation
Annual Report - Amended Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
This form is only to be used to amend the current annual report on file with this office.
ANNUAL REPORT YEAR: 2024
1. Corporate ID No. 001751084
2. Name of Corporation LARA GROCERY CORP
3. Street Address Principal Business Office:
No. and Street: <u>159 RATHBUN ST</u>
City or Town: <u>WOONSOCKET</u> State: <u>RI</u> Zip: <u>02895</u> Country: <u>USA</u>
4. Business Phone No.
5. State of Incorporation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>445131</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
CONVENIENCE STORE
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix		Address Address, City or Town, State, Zip Code, Country		ode, Country
INCORPORATOR	LUIS A LARA	LUIS A LARA		83 MADELEINE AVE WOONSOCKET, RI 02895 USA	
Shares Authorized and I	Issued				
Class of Stock	Series of Stock	Series of Stock Par Value Per Share		Total Authorized Shares Number of Shares	Total Issued and Outstandin Num of Shares
CWP	_ <u></u>	\$0.	0100	10,000.00	0
e corporation is in the the corporation by the igned this 23 Day of Appendividuals signing this instant	hands of a receiver of e receiver or trustee. ril, 2024 at 12:12:14	or trustee PM. Thi e affirma	e, this rep is electron tion or act	ic signature of the knowledgement of t	ed on beha individual o the signator
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State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 23, 2024 12:12 PM

Treng M. Course

Gregg M. Amore Secretary of State

