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**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.

1. Entity ID Number 000111617	2. Exact name of the Corporation TONY'S CUMBERLAND MARKET, INC.
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3. Principal Office Address 939 SOCIAL STREET	City WOONSOCKET	State RI	Zip 02895
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4. NAICS Code 453220	6. Brief description of the character of business conducted in Rhode Island Own and manage real estate including renting etc.
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTOINE EL HOSRI			Vice-President Name		
Street Address 52 BLACKSTONE STREET			Street Address		
City MENDON	State MA	Zip 01756	City	State	Zip
Secretary Name ANTOINE EL HOSRI			Treasurer Name ANTOINE EL HOSRI		
Street Address 52 BLACKSTONE STREET			Street Address 52 BLACKSTONE STREET		
City MENDON	State MA	Zip 01756	City MENDON	State MA	Zip 01756

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input 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

9. Shares Authorized	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/PERFILLS	PAR VALUE
Changes require an additional filing.	100	COMMON	NO PAR

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 ANTOINE EL HOSRI, PRESIDENT	Date 4/22/2024
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Signature of Authorized Representative 	FILED
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