RI SOS Filing Number: 202454423480 Date: 5/1/2024 4:00:00 PM

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.

MAY 0 1 2024
1232 a

1. Entity ID Number	2. Exact name of the Corporation
001736873	FLOR DI BRAVA FOOD MARKET INC

3. Principal Office Address	City	State	Zip
593 WEEDEN ST	PAWTUCKET	RI	02860

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445110	GROCERY STORE AND FOOD MARKET
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
BRENELY LURSSEN	26 PIERCE ST	PAWTUCKET	RI	02860

Vice-President Name	Street Address	City	State	Zip
HENRY LURSSEN	26 PIERCE ST	PAWTUCKET	RI	02860

Secretary Name	Street Address	City	State	Zip
BRENELY LURSSEN	26 PIERCE ST	PAWTUCKET	RI	02860

Treasurer Name	Street Address	City	State	Zip
BRENELY LURSSEN	26 PIERCE ST	PAWTUCKET	RI	02860

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

Director Name	Street Address	City	State	Zip
HENRY LURSSEN	26 PIERCE ST	PAWTUCKET	RI	02860

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10 Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0.00	STK	

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
BRENELY LURSSEN	4-23-24

Signature of Authorized Representative

Brenely Lurssen

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov