



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.

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24 MAY 24 11:06:31
STAMP

1. Entity ID Number 000114485		2. Exact name of the Corporation Elmwood Food Market, Inc.	
3. Principal Office Address 342 ELMWOOD AVENUE		City PROVIDENCE	State RI
		Zip 02907	
4. NAICS Code 445110	6. Brief description of the character of business conducted in Rhode Island TO SELL AND DELIVER FOOD PRODUCTS AND GROCERIES		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name FRANCISCO SANTOS		Vice-President Name FRANCISCO SANTOS	
Street Address 52 ELLSWORTH ST		Street Address 52 ELLSWORTH ST	
City EAST HARTFORD	State CT	Zip 06108	City EAST HARTFORD
			State CT
			Zip 06108
Secretary Name FRANCISCO SANTOS		Treasurer Name	
Street Address 52 ELLSWORTH ST		Street Address	
City EAST HARTFORD	State CT	Zip 06108	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name FRANCISCO SANTOS		Director Name FRANCISCO SANTOS	
Street Address 52 ELLSWORTH ST		Street Address 52 ELLSWORTH ST	
City EAST HARTFORD	State CT	Zip 06108	City EAST HARTFORD
			State CT
			Zip 06108
Director Name FRANCISCO SANTOS		Director Name	
Street Address 52 ELLSWORTH ST		Street Address	
City EAST HARTFORD	State CT	Zip 06108	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 <input type="checkbox"/>	
		NUMBER OF SHARES 10	CLASS/SERIES STK
			PAR VALUE 0.00
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 FRANCISCO SANTOS		Date 05/10/2024	
Signature of Authorized Representative FRANCISCO SANTOS		MAY 24 2024 BY 5967	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov