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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STAMP

1. Entity ID Number	2. Exact name of the Corporation
000114485	Elmwood Food Market, Inc.

3. Principal Office Address	City	State	Zip
342 ELMWOOD AVENUE	PROVIDENCE	RI	02907

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445110	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 ☐

President Name			Vice-President Name		
FRANCISCO SANTOS			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 ☐

Director Name			Director Name		
FRANCISCO SANTOS			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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10	STK	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	Date
FRANCISCO SANTOS	05/10/2024

Signature of Authorized Representative

FRANCISCO SANTOS

FILED 1106
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.n.gov

FORM 630- Revised: 12/2023