



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Corporation

MAY 28 2024 STAMP
9302

- 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 001765193		2. Exact name of the Corporation DR UNION SUPERMARKET CORPORATION			
3. Principal Office Address 895 ELMWOOD AVENUE			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island GROCERY STORE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JUAN CEPEDA			Vice-President Name SAME		
Street Address 10 TEMPLE DRIVE			Street Address		
City METHUEN	State MA	Zip 01844	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JUAN CEPEDA			Director Name		
Street Address 10 TEMPLE DRIVE			Street Address		
City METHUEN	State MA	Zip 01844	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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
				PAR VALUE	
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 JUAN CEPEDA				Date 05/10/2024	
Signature of Authorized Representative <i>Juan Cepeda</i>					

MAIL TO:
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