



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2024**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

JUL 11 2024

10240

1. Entity ID Number 001659983		2. Exact name of the Corporation PROVIDENCE FOOD CORP										
3. Principal Office Address 863 BRAOD STREET		City PROVIDENCE	State RI									
		Zip 02907										
4. NAICS Code 445110	6. Brief description of the character of business conducted in Rhode Island SUPERMARKET											
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 ANDRES FERREIRA		Vice-President Name JESUS RAFAEL ACOSTA										
Street Address 10 LONG RIDGE LANE		Street Address 211 FERRIS ST										
City OLD BROOKVILLE	State NY	Zip 11545	City COPIAGUE									
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	Zip	City									
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									
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip	City									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	CNP	0.00			
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200	CNP	0.00										
Changes require an additional filing.												
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 JESUS RAFAEL ACOSTA		Date 7/3/2024										
Signature of Authorized Representative 												

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3640

Website: www.sos.ri.gov