



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

FILED
JUL 11 2024
BY

| | | | | | | | |
|--|--|--|---|---|---------------------------|--------------------|---------------------|
| 1. Entity ID Number 001715892 | | 2. Exact name of the Corporation POLLITO MEAT CORP | | | | | |
| 3. Principal Office Address 361 RESERVOIR AVENUE | | | | City PROVIDENCE | | State RI | Zip 02907 |
| 4. NAICS Code 445299 | | 6. Brief description of the character of business conducted in Rhode Island GROCERY RETAIL | | | | | |
| 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 FERRARIS ST | | | |
| City OLD BRROKVILLE | | State NY | Zip 11545 | | City COPIAGUE | | Zip 11726 |
| Secretary Name | | | | Treasurer Name | | | |
| Street Address | | | | Street Address | | | |
| City | | State | Zip | | City | | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | |
| Director Name LAURA M ANDUJAR | | | | Director Name FREDI E CUEVA GUILLAS | | | |
| Street Address 283 CARRINGTON AVE | | | | Street Address 283 CARRINGTON AVE | | | |
| City WOONSOCKET | | State RI | Zip 02895 | | City WOONSOCKET | | Zip 02895 |
| Director Name JOSE D GENERE | | | | Director Name | | | |
| Street Address 14 INDEPENDENCE DR | | | | Street Address | | | |
| City WARWICK | | State RI | Zip 02888 | | City | | 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 | |
| | | | 200 | | CNP | 0 | |
| 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
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