



State of Rhode Island
Department of State - Business Services Division

FILEDAMP

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 05 2025

BY 4659 PA

1. Entity ID Number 00003153		2. Exact name of the Corporation THE BUTCHER SHOP, INCORPORATED	
3. Principal Office Address 157 ELMGROVE AVENUE		City PROVIDENCE	State RI
		Zip 02906	
4. NAICS Code 445110	6. Brief description of the character of business conducted in Rhode Island BUTCHER SHOP AND SMALL GROCERY STORE		
5. State of Incorporation 02/25/72			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DAVID R SURABIAN		Vice-President Name DAVID R SURABIAN	
Street Address 76 APPLGATE ROAD		Street Address 76 APPLGATE ROAD	
City CRANSTON	State RI	Zip 02920	City CRANSTON
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
State		Zip	State
City		State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name DAVID R SURABIAN		Director Name	
Street Address 76 APPLGATE ROAD		Street Address	
City CRANSTON	State RI	Zip 02920	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State		Zip	State
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		500	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 DAVID R SURABIAN			Date 01/25/25
Signature of Authorized Representative <i>David R. Surabian</i>			

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov