



State of Rhode Island  
Department of State - Business Services Division

FIELD

FEB 11 2025  
BY 6733B a

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.

1. Entity ID Number 54449		2. Exact name of the Corporation DUNNS CORNERS MARKET, INC			
3. Principal Office Address 5 LANGWORTHY ROAD			City WESTERLY	State RI	Zip 02891
4. NAICS Code 445210		6. Brief description of the character of business conducted in Rhode Island MEAT MARKET, DELI, AND GROCERY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ANTONIO SPINO			Vice-President Name CHERYL SPINO		
Street Address 30 STONE HILL ROAD			Street Address 30 STONE HILL ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name CHERYL SPINO			Treasurer Name ANTONIO SPINO		
Street Address 30 STONE HILL ROAD			Street Address 30 STONE HILL ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	COMMON	NO PAR
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.					
<b>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.</b>					
Name of Authorized Representative ANTONIO SPINO					Date 2/5/25
Signature of Authorized Representative 					

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