



State of Rhode Island
Department of State - Business Services Division

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.

FILED
MAR 04 2025
BY 26950

1. Entity ID Number 000021042		2. Exact name of the Corporation CLEMENTS' MARKETPLACE, INC.	
3. Principal Office Address 2575 East Main Road		City Portsmouth	State RI
Zip 02871			
4. NAICS Code 445110	6. Brief description of the character of business conducted in Rhode Island Operation of Retail 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 Tracy A. Anthony		Vice-President Name Tracy A. Anthony	
Street Address 25 Brenton Road		Street Address 25 Brenton Road	
City Swansea	State MA	Zip 02777	City Swansea
State MA	Zip 02777	City Swansea	State MA
Zip 02777	Treasurer Name Tracy A. Anthony		
Secretary Name Tracy A. Anthony		Street Address 25 Brenton Road	
Street Address 25 Brenton Road		City Swansea	
City Swansea	State MA	Zip 02777	State MA
State MA	Zip 02777	City Swansea	Zip 02777
Zip 02777	8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>		
Director Name Tracy A. Anthony		Director Name Charles E. Anthony IV	
Street Address 25 Brenton Road		Street Address 22 Lawrence Street	
City Brenton	State Mass	Zip 02777	City Swansea
State Mass	Zip 02777	City Swansea	State Mass
Zip 02777	Director Name Brian Pacheco		
Director Name Charles E. Anthony III		Street Address 2 Little John Lane	
Street Address 25 Brenton Road		City West Warwick	
City Swansea	State MA	Zip 02777	State RI
State MA	Zip 02777	City West Warwick	Zip 02893
Zip 02777	9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 600	CLASS/SF/RS CNP
		PAR VALUE 0.00	
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 Tracy A. Anthony			Date 02/26/2025
Signature of Authorized Representative 			

MAIL TO:
Division of Business Services
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