



State of Rhode Island  
Department of State - Business Services Division

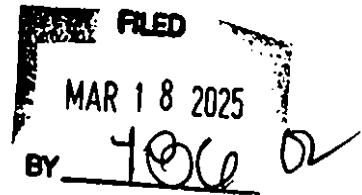
Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31



1. Entity ID Number 001770074		2. Exact name of the Corporation TRALE BRISTOL, 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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	City Swansea		
Secretary Name Tracy A. Anthony		Treasurer 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	City Swansea		
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	City	State
Zip	City		
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Zip	City		
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
1000		CNP	
		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 3/14/25
Signature of Authorized Representative 			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)