



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

MAY 19 2025  
BY *[Signature]*  
RECEIVED  
DEPT. OF STATE  
RIS

1. Entity ID Number 001765193		2. Exact name of the Corporation DR UNION SUPERMARKET CORPORATION	
3. Principal Office Address 895 ELMWOOD AVENUE		City PROVIDENCE	State RI
		Zip 02907	
4. NAICS Code 445110	6. Brief description of the character of business conducted in Rhode Island GROCERY STORE		
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 JUAN CEPEDA		Vice-President Name SAME	
Street Address 10 TEMPLE DRIVE		Street Address	
City METHUEN	State MA	Zip 01844	
Secretary Name SAME		Treasurer Name SAME	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name JUAN CEPEDA		Director Name	
Street Address 10 TEMPLE DRIVE		Street Address	
City METHUEN	State MA	Zip 01844	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		1,000	
Changes require an additional filing.			PAR VALUE
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 JUAN CEPEDA			Date 12/26/2024
Signature of Authorized Representative <i>Juan Cepeda</i>			