



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 TAMP
BY RECEIVED
US SVCS D

1. Entity ID Number 001752676		2. Exact name of the Corporation DELI PINE FOOD MARKET INC	
3. Principal Office Address 465 PINE STREET		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) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MAYRA HILARIO ANDRADE		Vice-President Name SERGIO AGUSTIN HILARIO	
Street Address 485 PINE STREET		Street Address 485 PINE STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
Secretary Name MAYRA HILARIO		Treasurer Name SERGIO A. HILARIO	
Street Address 485 PINE STREET		Street Address 485 PINE STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name MAYRA HILARIO ANDRADE		Director Name	
Street Address 485 PINE STREET		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02907		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	CLASS/SERIES
Changes require an additional filing.		1,000	CNP
			\$0.0000
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 MAYRA HILARIO ANDRADE			Date 02/18/2025
Signature of Authorized Representative 			