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 STAMP
BY RECEIVED
US SVCS DI

1. Entity ID Number	2. Exact name of the Corporation
001752676	DELI PINE FOOD MARKET INC

3. Principal Office Address	City	State	Zip
465 PINE STREET	PROVIDENCE	RI	02907

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445110	GROCERY STORE
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MAYRA HILARIO ANDRADE	SERGIO AGUSTIN HILARIO
Street Address: 485 PINE STREET	Street Address: 485 PINE STREET
City: PROVIDENCE State: RI Zip: 02907	City: PROVIDENCE State: RI Zip: 02907
Secretary Name	**Treasurer Name**
MAYRA HILARIO	SERGIO A. HILARIO
Street Address: 485 PINE STREET	Street Address: 485 PINE STREET
City: PROVIDENCE State: RI Zip: 02907	City: PROVIDENCE State: RI Zip: 02907

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
MAYRA HILARIO ANDRADE	
Street Address: 485 PINE STREET	Street Address:
City: PROVIDENCE State: RI Zip: 02907	City: State: Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
MAYRA HILARIO ANDRADE	02/18/2025

Signature of Authorized Representative

X

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

FORM 630- Revised: 12/2023