



State of Rhode Island  
Department of State - Business Services Division

**FILED**

Annual Report for the year: 2022  
Corporation \_\_\_\_\_

FEB 25 2022

BY \_\_\_\_\_

- 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 <b>001730918</b>		2. Exact name of the Corporation <b>Academy Food Corp.</b>			
3. Principal Office Address <b>221 Academy Avenue</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island <b>Meat market/grocery store</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jesus Acosta</b>			Vice-President Name <b>Jesus Acosta</b>		
Street Address <b>231 Ferraris Street</b>			Street Address <b>231 Ferraris Street</b>		
City <b>Copiapue</b>	State <b>NY</b>	Zip <b>11726</b>	City <b>Copiapue</b>	State <b>NY</b>	Zip <b>11726</b>
Secretary Name <b>Jesus Acosta</b>			Treasurer Name <b>Jesus Acosta</b>		
Street Address <b>231 Ferraris Street</b>			Street Address <b>231 Ferraris Street</b>		
City <b>Copiapue</b>	State <b>NY</b>	Zip <b>11726</b>	City <b>Copiapue</b>	State <b>NY</b>	Zip <b>11726</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			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.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>50</b>	<b>Common</b>	<b>.01</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Jesus Acosta</b>				Date <b>02/01/2022</b>	
Signature of Authorized Representative 					

MAIL TO:  
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