



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 46460		2. Exact name of the Corporation All American Foods, Inc.		
3. Principal office address One All American Way		City North Kingstown	State RI	Zip 02852
4. Business Phone No. (401) 294-5455		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Wholesaler of meat, seafood, dry goods and paper goods				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Leon A. Panteleos		Vice-President Name		
Street Address One All American Way		Street Address		
City North Kingstown	State RI	Zip 02852	City	State Zip
Secretary Name Leon A. Panteleos		Treasurer Name Leon A. Panteleos		
Street Address One All American Way		Street Address One All American Way		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Leon A. Panteleos		Director Name		
Street Address One All American Way		Street Address		
City North Kingstown	State RI	Zip 02852	City	State Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		2,200	Common	No par

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.

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
MAR 04 2015
 910026

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.

[Signature] 2-24-15
 Signature of Authorized Representative Date
Leon A. Panteleos
 Print or Type Name of Authorized Representative