State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of Stat
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

ling Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

n accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by v (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.

Corporate ID No.	2. Name of Corporation
1860	Baffoni's Poultry Farm, Inc.

Street Address Principal Business Office	City	State	Zip
320 Greenville Avenue	Johnston	RI	02919

Business Phone No.	5. State of Incorporation
944-2647	Rhode Island

Brief Description of the Character of Business Conducted in Rhode Island Poultry Farm

NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

esident Name			*Vice President Name*		
Albert Baffoni			Donald Baffoni		
reet Address			*Street Address*		
320 Greenville Avenue			c/o 320 Greenville Avenue		
ity	*State*	*Zip*	*City*	*State*	*Zip*
Johnston	RI	02919	Johnston	RI	02919
ecretary Name			*Treasurer Name*		
Albert Baffoni			Donald Baffoni		
reet Address			*Street Address*		
c/o 320 Greenville Avenue			320 Greenville Avenue		
ity	*State*	*Zip*	*City*	*State*	*Zip*
Johnston	RI	02919	Johnston	RI	02919

NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

irector Name			*Director Name*		
Albert Baffoni			Donald Baffoni		
reet Address			*Street Address*		
Same			Same		
ity	*State*	*Zip*	*City*	*State*	*Zip*
irector Name			*Director Name*		
reet Address			*Street Address*		
ity	*State*	*Zip*	*City*	*State*	*Zip*

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. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

UTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
400 Shares - No Par	- Common	

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*
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, his 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 rep including any accompanying schedules and statements, and that all stateme contained herein are true and correct.

Albert Baffoni — 7/25/08
Signature — *Date*

ALBERT BAFFONI
Print or Type Name

President
Title

FILED
File Date NOV 14 2008
Check No. 073199 3.29
By: 27810-3-285749
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