



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

A. Ralph Mous, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-261  
401.222.304

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
in 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  
R.I.G.L. 7-1.2-1501(c&d) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>1860</b>		2. Name of Corporation <b>Baffoni's Poultry Farm, Inc.</b>			
Street Address Principal Business Office <b>320 Greenville Avenue</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Business Phone No. <b>944-2647</b>		5. State of Incorporation <b>Rhode Island</b>			
Brief Description of the Character of Business Conducted in Rhode Island <b>Poultry Farm</b>					

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

President Name <b>Albert Baffoni</b>			Vice President Name <b>Donald Baffoni</b>		
Street Address <b>320 Greenville Avenue</b>			Street Address <b>c/o 320 Greenville Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Albert Baffoni</b>			Treasurer Name <b>Donald Baffoni</b>		
Street Address <b>c/o 320 Greenville Avenue</b>			Street Address <b>320 Greenville Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>

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

Director Name <b>Albert Baffoni</b>			Director Name <b>Donald Baffoni</b>		
Street Address <b>Same</b>			Street Address <b>Same</b>		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Number of Shares	Class/Series	Par Value
<b>400 Shares - No Par</b>	<b>- Common</b>	

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

Number of Shares	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>No Par</b>

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.

**FILED**

File Date **NOV 14 2008**

Check No. **By 073199 329**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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 Albert Baffoni Date 7/25/08

Print or Type Name Albert Baffoni

Title President