



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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 law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 9932		2. Name of Corporation Mendon Foods Corp.			
3. Street Address Principal Business Office 1800 Post Road, 17G Airport Plaza			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 738-1321		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Food Service					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Vacant			Vice President Name Edward A. Carosi		
Street Address			Street Address 77 Wyndham Avenue		
City	State	Zip	City	State	Zip
			Providence	RI	02908
Secretary Name Vacant			Treasurer Name L. Neil Leroy		
Street Address			Street Address 137 Club Course Drive		
City	State	Zip	City	State	Zip
			Hilton Head Isles	SC	29928
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Edward A. Carosi			Director Name		
Street Address 77 Wyndham Avenue			Street Address		
City	State	Zip	City	State	Zip
Providence	RI	02908			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 2,000 COMM NO PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			300	XCOMMONX	No. Par
			THIS SECTION MUST BE COMPLETED		

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
JAN 12 2009
BY 24127
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

Date

Edward A. Carosi

Print or Type Name

Vice President

Title