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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(cont'd)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
4171	Christiansen Dairy Company			
3. Street Address Principal Business Office		City	State	Zip
1729 Smith Street		North Providence	RI	02911
4. Business Phone No.	5. State of Incorporation			
(401) 231-7138	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Dairy Company

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

President Name			Vice President Name		
Jay L. Christiansen			Jay L. Christiansen		
Street Address			Street Address		
14 Terrace Drive			14 Terrace Drive		
City	State	Zip	City	State	Zip
Greenville	RI	02828	Greenville	RI	02828
Secretary Name			Treasurer Name		
Jay L. Christiansen			Jay L. Christiansen		
Street Address			Street Address		
14 Terrace Drive			14 Terrace Drive		
City	State	Zip	City	State	Zip
Greenville	RI	02828	Greenville	RI	02828

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

Director Name			Director Name		
Jay L. Christiansen					
Street Address			Street Address		
14 Terrace Drive					
City	State	Zip	City	State	Zip
Greenville	RI	02828			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
50	Common	No Par Value
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.

[redacted] [redacted]

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.

Jay L. Christiansen 2/6/09
Signature *Date*

Jay L. Christiansen
Print or Type Name

President
Title

[redacted]

File Date 2-12-09
Check No. 21182
By: MMC
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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