

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 pen	alty fee of \$25.00.	fusing to file its annual report within	iniriy (30) auys aji	er the time prescribed by	
1. Corporate ID No. 53996		2. Name of Corporation Fed-Rick Veal Company, Inc.				
3. Street Address Principal Business Office 125 Sutton Street			City Providence	State RI	<sup>Zip</sup> 02903	
4. Business Phone No. (401) 751-9534		5. State of Incorporat Rhode Island	<b>.</b>			
6. Brief Description of the Chara Wholesale and Retail M	cter of Business Conducto eat Market	rd in Rhode Island	100 gill 1		<u> </u>	
	SES OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT) [ FILL IN SPACE	S BEFORE USING	ATTACHMENTS	
President Name Carmine R. Balzano			Vice President Name Diane L. Balzano			
Street Address			Street Address			
125 Sutton Street			125 Sutton Street			
Providence	State RI	<sup>Ζip</sup> 02903	City Providence	State RI	<i>Zip</i> 02903	
Secretary Name			Treasurer Name			
Diane L. Balzano			Carmine R. Balzano			
Street Address 125 Sutton Street			Street Address 125 Sutton Street			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	J	J	Director Name	l		
Street Address			Street Address			
City	State	Zip	СНу	State -	Zip	
9. SHARES AUTHORIZED	O ("X" BOX FOR A	TTACHMENT)	10. SHARES ISSUED ("X"			
AUTHORIZED SHARES  Number of Shares Class Series Par Value			ISSUED SHARES — THIS SECTION I	MUST BE COMPLETED  Class/Series	Par Value	
600 Common No Par			600	Common		
OUT COMMINION NOT AI					No Par	
				College Symmetry College		
This report must be execu	ted on behalf of the	corporation by an author	orized representative. If the corpora	tion is in the hand	s of a receiver or trustee,	
this report must be execut	ed on behalf of the	corporation by the recei	ver or trustee.			
			Under penalty of perjury.	I declare and affice t	that I have examined this report,	
			including any accompany	ing so edules and st	itements, and that all statements	
2-	19-19		contained herein are true	and correct		
File Date			Signature S	Jean	Date	
Check No	65	· ·	Carmine R. Balza		A IIIV	
Ву:	mnc	)	Print or Type Name			
FOR SECRETARY OF	STATE USE ONLY		President	President		

Title