

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(cerd)) is

subject to a penalty fee of \$25.00. 1. Corporate ID No. MIKE A. POLSENO & SONS, INC. 116613 State 3. Street Address Principal Business Office 101 SPRINGS STREET PASCOAG 02859 RI 5. State of Incorporation 4. Business Phone No. RHODE ISLAND 401-765-1235 6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE WHOLESALE DISTRIBUTION OF APPLES AND VARIOUS OTHER FRUITS ADN VEGTABLES 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name ROBERT POLSENO RICHARD POLSENO Street Address Street Address 100 SPRING STREET 290 STILLWATER State 02859 RI 02919 **PASCOA**6 SMITHFIELD RI ROBERT POLSENO RICHARD POLSENO Street Address Street Address 100 SPRING 290 STILLWATER City State 02859 RI **PASCOAG** 02919 RI SMITHFIELD 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name ROBERT POLSENO RICHARD POLSENO Street Address Street Address 100 SPRING 290 STILLWATER State Zip City State 02859 **PASCOAG** RI 02919 **SMITHFIELD** RI Director Name Director Name Street Address Street Address Zip State State Ζip City 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED Par Value Number of Shares Class/Series This information is currently of record in the Office of the Secretary of NO PAR State. Changes require an additional filing. See Section 9 of COMMON 100 instruction sheet.

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.

_	Under penalty of perjury, I declare and affirn including any accompanying schedules and s
File Date FILED	contained herein are true and correct. Rulary Poly My Signature
Check NoFEB 2 4 2009 By:	RICHARD POLSENO Print or Type Name PRESIDENT
FOR SECRETARY OF STATE USE ONLY	Title

n that I have examined this report, statements, and that all statements 2-20-09