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FOR SECRETARY OF STATE USE ONLY

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.

subject to a penalty fee of \$25.0	00.	oration failing or refusing to file its and	nuai report within thirty (50) da	ys after the time prescribed by lat	w (R.I.G.L. 7-1.2-1501(co
1. Corporate ID No. 131324		2. Name of Corporation Belmont Fruit, Inc.			
3. Street Address Principal Business Office 600 KINGSTOWN ROAD			WAKEFIELD	State RI	73p 02879
4. Business Phone No. 5. State of Incorporation RHODE ISLAND			<u> </u>		
5. Brief Description of the Char PURCHASE AND SAL	racter of Business Condu E AT WHOLESALI	cted in Rhode Island E AND RETAIL OF FRUIT, V	EGETABLES AND PRO	DDUCE	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Vincent J. Siravo, Jr.			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Debra S. Manni		
Street Address 600 Kingstown Road			Street Address 600 Kingstown Road		
_{ांग} Wakefield	State RI	Ζίρ 02879	City Wakefield	State RI	λίρ 02879
Secretary Name Debra S. Manni			Treasurer Name Vincent J. Siravo, Jr.		
Street Address 600 Kingstown Road			Street Address 600 Kingstown Road		
City Wakefield	State RI	^{Zip} 02879	City Wakefield	State RI	2ip 02879
B. NAMES AND ADDRES Director Name Vincent J. Siravo, Jr. Street Address	SSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	Director Name	SPACES BEFORE USING	G ATTACHMENTS
600 Kingstown Road			Street Address		
_{iin} Wakefield	State RI	Ζφ 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Aty:	State	Zip	СНу	State	Zip
. SHARES AUTHORIZE	ED I	I		 ("X" BOX FOR ATTACH TION <u>MUST</u> BE COMPLETED	IMENT)
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.			Number of Shares	Class/Series	Par Value
			100	COMMON	\$.01 PAR
This report must be exec	cuted on behalf of the	ne corporation by an authorize	d representative. If the c	ornoration is in the hands	of a receiver or bus
		e corporation by the receiver			
			including any ace	griury, I declare and affirm thinpanying schedules and sta	hat I have examined thitements, and that all sta
File Date	LED		contained herein a	re true and correct.	Ibs
Check No. MAR	2 3 2009		Signature Vincent J. S	iravo Jr	Date
By	ハー		Print or Type Name		

Title