



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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. 117193		2. Name of Corporation NAGA FOOD PRODUCTS INC											
3. Street Address Principal Business Office 896 STWELLS AVE		City PRW		State RI		Zip 02909							
4. Business Phone No. 401-274-4050		5. State of Incorporation RI											
6. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING OF SNACKS FOOD PRODUCTS													
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS													
President Name MARY O OSINAGA				Vice President Name CHRISTOPHER OSINAGA									
Street Address 32 STUBBEN ST				Street Address 32, STUBBEN ST									
City PRW		State RI		City PRW		State RI	Zip 02909						
Secretary Name				Treasurer Name									
Street Address				Street Address									
City		State		City		State	Zip						
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS													
Director Name				Director Name									
Street Address				Street Address									
City		State		City		State	Zip						
Director Name				Director Name									
Street Address				Street Address									
City		State		City		State	Zip						
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES							10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED						
Number of Shares		Class/Series		Par Value		Number of Shares		Class/Series		Par Value			
1000		Common		NO PAR VALUE		NONE							

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.

File Date **FILED**

Check No. **MAR 30 2009**

By: **By 10623**

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 **CHRIS OSINAGA** Date

Print or Type Name **V. PRESIDENT**

Title