

A. Ralph Mollis, Secretary of State Corporations Division Corporations Enesism 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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(e%-d)) is

| subject to a penalty fee of \$25.00. | , , , , , , , , , , , , , , , , , , , | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|--|---|---|---|-------------------------|---------------------------------------|
| 1 Corporate ID No. 22479 | 2 Name of Corporation ROYAL PURVEYORS, INC. | | | | |
| 3. Street Address Principal Business Office 15 Fairbanks Avenue | | | City East Providence | State RI | 74p 02914 |
| 4. Business Phone No State of Incorporation Rhode Island | | | | | |
| 6. Brief Description of the Character Wholesale Meat | of Business Conducts | d in Rhode Island | | | |
| 7. NAMES AND ADDRESSES | S OF THE OFFIC | ERS: ("X" BOX FOR ATTA | CHMENT) 🔲 FILL IN SP | ACES BEFORE USING | ATTACHMENTS |
| President Name | | | Vice President Name | | |
| Jacob Harpootian | | | | | |
| Street Address 15 Fairbanks Avenue | | | Street Address | | |
| East Providence | State RI | ^{Ζίρ} 02914 | Cuy | State | Zip |
| Secretary Name Ruth Harpootian | | | Treasurer Name Ruth Harpootian | | |
| Street Address 15 Fairbanks Avenue | | | Street Address 15 Fairbanks Avenue | | |
| East Providence | State RI | 02914 | City East Providence | State RI | ^{Zip} 02914 |
| 8. NAMES AND ADDRESSES | OF THE DIREC | TORS: ("X" BOX FOR ATT | | SPACES BEFORE USIN | G ATTACHMENTS |
| Jacob Harpootian | | | Director Name Ruth Harpootian | | |
| Street Address 15 Fairbanks Avenue | | | Street Address 15 Fairbanks Avenue | | |
| City | State | Zip | City | State | Zip |
| East Providence | J RI | 02914 | East Providence | RI | 02914 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| This information is oursantly | y of record in the | Office of the Sovertory of | Number of Shares | Class/Series | Par Value |
| 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. | | | 200 | Common | No Par Value |
| | | | | | |
| This report must be executed this report must be executed | d on behalf of the on behalf of the | corporation by an authorize corporation by the receiver | ed representative. If the cor or trustee. | poration is in the hand | s of a receiver or trustee, |
| | | | | | |

| | Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements |
|---------------------------------|--|
| File Date 1-13-2010 | gard, Impaction 1/11/10 |
| Check No | Signature Date Vacob Harpootian |
| B_{VC} (MNC) | Print or Type Name |
| FOR SECRETARY OF STATE USE ONLY | President |
| | Title |
| | Form 630 Rev. 08/08 |