



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 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. § 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. § 1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>43657</b>		2. Name of Corporation <b>CARPENTER'S RHODE ISLAND JOONYCAKE MEAL, INC.</b>		
3. Street Address Principal Business Office <b>35 NARRAGANSETT AVENUE WEST</b>		City <b>WAKEFIELD</b>	State <b>R.I.</b>	Zip <b>02879</b>
4. Business Phone No. <b>401-783-5483</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island <b>PRODUCTION, PROCESSING &amp; MARKETING OF R.I. WHITECAP FLINT CORN &amp; OTHER RELATED PRODUCTS.</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>ROBERT O. SMITH</b>		Vice President Name <b>ROBERT J. KISILYWICZ</b>		
Street Address <b>35 NARRAGANSETT AVE, WEST</b>		Street Address <b>40 MERCER STREET</b>		
City <b>WAKEFIELD</b>	State <b>R.I.</b>	Zip <b>02879</b>	City <b>PRINCETON</b>	State <b>N.J.</b>
Secretary Name <b>DIANA W. SMITH</b>		Treasurer Name <b>DIANA W. SMITH</b>		
Street Address <b>35 NARRAGANSETT AVE, WEST</b>		Street Address <b>35 NARRAGANSETT AVE, WEST</b>		
City <b>WAKEFIELD</b>	State <b>R.I.</b>	Zip <b>02879</b>	City <b>WAKEFIELD</b>	State <b>RI</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>ROBERT O. SMITH</b>		Director Name <b>DIANA W. SMITH</b>		
Street Address <b>35 NARRAGANSETT AVENUE WEST</b>		Street Address <b>35 NARRAGANSETT AVENUE, WEST</b>		
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>WAKEFIELD</b>	State <b>RI</b>
Director Name <b>NONE</b>		Director Name <b>NONE</b>		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES --- THIS SECTION MUST BE COMPLETED				
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 <b>50</b>	Class/Series <b>COMMON</b>	Par Value <b>-0-</b>

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.

**FILED**

File Date **FEB 08 2010**

Check No. **SV 277146**

By: \_\_\_\_\_

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.

*Diana W. Smith* February 4, 2010  
Signature Date

**DIANA W. SMITH**  
Print or Type Name

**SECRETARY**  
Title