



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. 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. 92274		2. Name of Corporation L.R.F., Inc.			
3. Street Address Principal Business Office 67 Cucumber Hill Road			City Foster	State RI	Zip 02825
4. Business Phone No. (401) 397-3033		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To merchandise, sell, offer for sale, and distribute at wholesale and retail food and related products of all kinds.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Eli Berkowitz			Vice President Name Eli Berkowitz		
Street Address 67 Cucumber Hill Road			Street Address 67 Cucumber Hill Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Eli Berkowitz			Treasurer Name Eli Berkowitz		
Street Address 67 Cucumber Hill Road			Street Address 67 Cucumber Hill Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 51	Class/Series Common	Par Value No Par Value	

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 _____
Check No. _____ BY _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 26 2010

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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
Eli Berkowitz

Date
2-19-10

Print or Type Name

President

Title