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

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **13044**

2. Name of Corporation **South County Wholesale Distributors, Inc.**

3. Street Address Principal Business Office Route 2 & 1 Arnold Place
City Exeter *State* RI *Zip* 02822

4. Business Phone No. (401) 885-5510

5. State of Incorporation **RHODE ISLAND**

6. SIC Code 2659

7. Brief Description of the Character of Business Conducted in Rhode Island
Purchase, sale & distribution of food products at wholesale

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Richard J. Schartner
Street Address Route 2 & 1 Arnold Place
City Exeter *State* RI *Zip* 02822

Vice President Name Jeb S. Schartner
Street Address Route 2 & 1 Arnold Place
City Exeter *State* RI *Zip* 02822

Secretary Name Jeb S. Schartner
Street Address Route 2 & 1 Arnold Place
City Exeter *State* RI *Zip* 02822

Treasurer Name Richard J. Schartner
Street Address Route 2 & 1 Arnold Place
City Exeter *State* RI *Zip* 02822

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
50 NO PAR VAL	COMMON	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
50	COMMON	None

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 

File Date: 7-26-99
Check No.: 280
By: AMF
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

J. B. Schartner 7-22-99
Signature of Officer *Date*

JEB SCHARTNER
Print or Type Name of Officer

[redacted]
Title of Officer

Form 31 12