

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

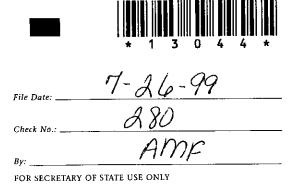
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222

STOP PIT VSERI VD INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. South County Wholesale Distributors, Inc. 13044 Zip 3. Street Address Principal Business Office 02822 RIExeter Route 2 & 1 Arnold Place 6. SIC Code 5. State of Incorporation 4. Business Phone No. 2659 **RHODE ISLAND** (401) 885-5510 7. Brief Description of the Character of Business Conducted in Rhode Island Purchase, sale & distribution of food products at wholesale FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name Jeb S. Schartner Richard J. Schartner Street Address Street Address Route 2 & 1 Arnold Place Route 2 & 1 Arnold Place City State 02822 RΙ RI 02822 Exeter Exeter Treasurer Name Secretary Name Richard J. Schartner Jeb S. Schartner Street Address Street Address Route 2 & 1 Arnold Place Route 2 & 1 Arnold Place State City City State 02822 02822 RΙ Exeter RIExeter FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name None Ñone Street Address Street Address Zip ZipCity State City State Director Name Director Name None None Street Address Street Address State Zip City City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Class/Series Par Value Number of Shares Class/Series Number of Shares **50 NO PAR VAL** 50 COMMON None COMMON

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



Under penalty of perjury, I declare as	nd affirm that I have examined
this report, including any accompany	
that all statements contained herein	are true and correct.
/// Sharting	7-22-99
Signature of Officer	Date
JZB SCHAMMER	
Print or Type Name of Officer	
Title of Officer	