



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 2011

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. 43657		2. Name of Corporation CARPENTERS RHODE ISLAND JONNYCAKE MEAL, INC.	
3. Street Address Principal Business Office 35 NARRAGANSETT AVENUE WEST		City WAKEFIELD	State R.I
		Zip 02879	
4. Business Phone No. 401-783-5483		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island PRODUCTION PROCESSING + MARKETING OF R.I. WHITECAP FLINT COB + OTHER RELATED PRODUCTS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ROBERT O. SMITH		Vice President Name ROBERT J. KISILWICZ	
Street Address 35 NARRAGANSETT AVE., WEST		Street Address 40 MERCER STREET	
City WAKEFIELD	State RI	City RINCETON	State N.J.
Zip 02879		Zip 08540	
Secretary Name DIANA W. SMITH		Treasurer Name DIANA W. SMITH	
Street Address 35 NARRAGANSETT AVE., WEST		Street Address 35 NARRAGANSETT AVE., WEST	
City WAKEFIELD	State RI	City WAKEFIELD	State RI
Zip 02879		Zip 02879	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name ROBERT O. SMITH		Director Name DIANA W. SMITH	
Street Address 35 NARRAGANSETT AVE., WEST		Street Address 35 NARRAGANSETT AVE., WEST	
City WAKEFIELD	State RI	City WAKEFIELD	State RI
Zip 02879		Zip 02879	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		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 50	Class/Series COMMON
		Par Value -0-	

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 _____
Check No. FEB 24 2011
By: BY 43657
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 23, 2011
Signature Date
DIANA W. SMITH
Print or Type Name
SECRETARY
Title