



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 CORB + 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. KISILYWICZ			
Street Address 35 NARRAGANSETT AVE., WEST		Street Address 40 MERCER STREET			
City WAKEFIELD	State RI	Zip 02879	City PRINCETON	State N.J.	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	Zip 02879	City WAKEFIELD	State RI	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	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Director Name NONE		Director Name NONE			
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					
Number of Shares 50		Class/Series COMMON		Par Value — 0 —	
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.					

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.

<b>FILED</b>	
File Date	FEB 24 2011
Check No.	43657
By: <b>BY</b>	
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.

Signature: DIANA W. SMITH Date: February 23, 2011  
Print or Type Name: DIANA W. SMITH  
Title: SECRETARY