



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molits, 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. 485408		2. Name of Corporation Rhode Island Poultry, Inc.		
3. Street Address Principal Business Office 90 Libera Street		City Cranston	State RI	Zip 02920
4. Business Phone No. 401-467-3200		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Distributors of poultry				
7. NAMES AND ADDRESSES OF THE OFFICERS (A BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Constantine E. Mares		Vice President Name Vincent Mazzone		
Street Address 90 Libera Street		Street Address 90 Libera Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI
Secretary Name Vincent Mazzone		Treasurer Name Constantine E. Mares		
Street Address 90 Libera Street		Street Address 90 Libera Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS (A BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Constantine E. Mares		Director Name None		
Street Address 90 Libera Street		Street Address		
City Cranston	State RI	Zip 02920	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED <input type="checkbox"/> 10. SHARES ISSUED (A BOX FOR ATTACHMENT) <input type="checkbox"/>				
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 200	Class/Series Common	Par Value No Par Value
		THIS SECTION MUST BE COMPLETED		

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**

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 8/2/11  
Date

Constantine E. Mares

Print or Type Name

President

Title