

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 2012

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subject to a penalty fee of \$25.00.					
1 Corporate ID No. 34465	2. Name of Corporation Greylawn Foods, Inc.				
3. Street Address Principal Business Office 2032 Plainfield Pike			Cranston	State RI	_{Z炉} 02921
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Transportation of goods, wa					
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Sidney I. Goldman			David N. Goldman		
Street Address 2032 Plainfield Pike			Street Address 2032 Plainfield Pike		
Cranston	State RI	<i>Σιρ</i> 02921	City Cranston	State RI	^{Zip} 02921
Secretary Name Dona L. Goldman			Treasurer Name Sidney I. Goldman		
Street Address 2032 Plainfield Pike			Street Address 2032 Plainfield Pike		
city Cranston	State RI	^{Zip} 02921	Cranston	State RI	^{Zip} 02921
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) 🗌 FILL 1	N SPACES BEFORE USIN	G ATTACHMENTS
Director Name None			Director Numa		
Street Address			Street Address		
СИУ	State	Zap	City	State	24p
Director Name	J	J	Director Name		
Siraet Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED		l	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is suggestly of record in the Office of the Possets of			Number of Shares	Class/Series	Par Value
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.			107	Common	No Par Value
This report must be executed	on behalf of the corp	oration by an authorize	d representative. If the	corporation is in the hands	s of a receiver or trustee,
this report must be executed o	on behalf of the corpo	ration by the receiver of	or trustee.		
11 M M 12			Under penalty of	perjury, I declare and affirm t	that I have examined this ren
		•	including any ac	companying schedules and sta	
				are true and coyfect.	1
File Date JAN 3 0	201		Nove	em le golo	m
	£U!		Signature		Date
Check No.			Sidney I. Ø	oldman /	
By: > 25	791		Print or Type Nun		
			President		
FOR SECRETARY OF STA	TE USE ONLY		Title		
		ı	1 1110		Form 630 Rev. 08/08