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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
000484849	DPI Specialty Foods Mid Atlantic, Inc.

3. Principal office address	City	State	Zip
1000 Prince Georges Ave	Upper Marlboro	MD	20774

4. Business Phone No.	5. State of Incorporation
301-430-2200	DE

6. Brief description of the character of business conducted in Rhode Island
Specialty foods distribution

7. LIST 1 - OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Jayson Folus	
Street Address: 1000 Prince Georges Ave	Street Address:
City: Upper Marlboro; State: MD; Zip: 20774	City: ; State: ; Zip:
Secretary Name: Cheryl Clary	Treasurer Name: David Goggin
Street Address: 601 Rockefeller Avenue	Street Address: 1000 Prince Georges Ave
City: Ontario; State: CA; Zip: 91761	City: Upper Marlboro; State: MD; Zip: 20774

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Cathal Fitzgerald	Jim DeKeyser
Street Address: 601 Rockefeller Avenue	Street Address: 601 Rockefeller Avenue
City: Ontario; State: CA; Zip: 91761	City: Ontario; State: CA; Zip: 91761
Director Name:	Director Name:
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

9. SHARES AUTHORIZED | **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

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	CLASS/SERIES	PAR VALUE
1000	common	$0.00

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.

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.

02/29/2012
Signature of Authorized Representative — Date

Robert W. Ritter, Attorney
Print or Type Name of Authorized Representative

File Date:
Check No:
By:
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 01 2012
BY 165118

Form No. 630
Revised: 01/2012

73865-5-731063

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