



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. 2633		2. Exact name of the Corporation Bonollo Provisions Co., Inc.		
3. Principal office address 55 Clarkson Street		City Providence	State RI	Zip 02908
4. Business Phone No. 401-274-7900		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Food Distributor / Provision Sales				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Edward J. Mongeon		Vice-President Name Kenneth F. Mongeon		
Street Address 90 Bertha Avenue		Street Address 7 Halliwell Drive		
City Woonsocket	State RI	Zip 02895	City Slatersville	State RI
Secretary Name R. Patricia Mongeon		Treasurer Name R. Patricia Mongeon		
Street Address 90 Bertha Avenue		Street Address 90 Bertha Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Edward J. Mongeon		Director Name None		
Street Address 90 Bertha Avenue		Street Address		
City Woonsocket	State RI	Zip 02895	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" 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.				
400 Common - No Par Value		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par Value

This report must be executed on behalf of the corporation by a 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 _____

By: _____

FOR SECRETARY OF STATE USE ONLY

MAR 22 2012

57312

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.

Edward J. Mongeon 3/20/12
 Signature of Authorized Representative Date

Edward Mongeon
 Print or Type Name of Authorized Representative