



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 02903-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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(e)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 17334		2. Name of Corporation Westerly Packing Company, Inc			
3. Street Address Principal Business Office 4 Springbrook Road, PO Box 542			City Westerly	State Rhode Island	Zip 02891
4. Business Phone No. 401-596-4340		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Meat wholesale & Retail					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Medoro S. Trombino			Vice President Name Palma B. Trombino		
Street Address 124 Watch Hill Road			Street Address 124 Watch Hill Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Medoro S. Trombino			Treasurer Name Bruno E. Trombino		
Street Address Same			Street Address 52 Granite Street		
City	State	Zip	City Westerly	State RI	Zip 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Medoro S. Trombino			Director Name Palma B. Trombino		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 10	Class/Series Common	Par Value 10\$ Par Value

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

File Date **APR 16 2012**
 Check No. **By [Signature]**
 By: **A 24205 P24217**
 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.

Medoro S. Trombino 3-5-12
 Signature Date
Medoro S. Trombino
 Print or Type Name
President
 Title