



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 02904-2615  
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(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 42609		2. Name of Corporation Belgravia Imports, Inc.			
3. Street Address Principal Business Office 275 High Point Avenue			City Portsmouth	State RI	Zip 02871
4. Business Phone No. 401.683.3323		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Importer and distributor of Natural Foods					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ronald F. Dick			Vice President Name Lillian R. Dick		
Street Address 662 Bellevue Avenue			Street Address 662 Bellevue Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Lillian R. Dick			Treasurer Name Ronald F. Dick		
Street Address 662 Bellevue Avenue			Street Address 662 Bellevue Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ronald F. Dick			Director Name Lillian R. Dick		
Street Address 662 Bellevue Avenue			Street Address 662 Bellevue Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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	Class/Series	Par Value
			None		

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**

MAY 16 2012

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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 R.F. Dick Date 5/9/2012

Ronald F. Dick

Print or Type Name

President

Title

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_ BY \_\_\_\_\_  
By: \_\_\_\_\_  
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