

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

* 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(ce'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. 5. State of Incorporation Rhode Island			•		
6. Brief Description of the Character of Importer and distributor of N 7. NAMES AND ADDRESSES President Name Ronald F. Dick	atural Foods		CHMENT) FILL IN S	SPACES BEFORE USING	G ATTACHMENTS
Street Address 662 Bellevue Avenue			Street Address 662 Bellevue Avenue		
City Newport	State RI	^{Zip} 02840	City Newport	State RI	Ζψ 02840
Secretary Name Lillian R. Dick			Treasurer Name Ronald F. Dick		
Street Address 662 Bellevue Avenue			Street Address 662 Bellevue Avenue		
Newport	State RI	^{Ζίρ} 02840	сцу Newport	State RI	^{Zip} 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Ronald F. Dick Street Address			Director Name Lillian R. Dick Street Address		
662 Bellevue Avenue City State Zip			662 Bellevue Avenu	State	Ζip
Newport RI 02840 Director Name			Newport RI 02840 Director Name		
Street Address			Street Address		
Сиу	State	Zip	City	State	Ζip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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
			None		
This report must be executed this report must be executed of the report must be executed of t	on behalf of the corpo	FILED MAY 1 4 2012	or trustee. Under penalty of p	erjury, I declare and affirm mpanying schedules and see true and correct.	that I have examined this report tatements, and that all statement Solution Date
By:FOR SECRETARY OF STA	TE USE ONLY		Print or Type Name President Title		Form 630 Rev. 08/08