



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 2013

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. 11674		2. Exact name of the Corporation THE HENRY GONSALVES COMPANY			
3. Principal office address 35 THURBER BLVD			City SMITHFIELD	State RI	Zip 02917
4. Business Phone No. 401-231-6700			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island WHOLESALE FOOD PRODUCTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name HENRY E GONSALVES			Vice-President Name		
Street Address 7 GREAT MEADOWS LANE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name JACK COSTA			Treasurer Name HENRY E GONSALVES		
Street Address 70 HEWES STREET			Street Address 7 GREAT MEADOWS LANE		
City CUMBERLAND	State RI	Zip 02864	City LINCOLN	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name HENRY E GONSALVES			Director Name		
Street Address 7 GREAT MEADOWS LANE			Street Address		
City LINCOLN	State RI	Zip 02865	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			225	Common	No PAR

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.

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

FILED

FEB 14 2013

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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.

Henry E Gonsalves 02/15/2013
 Signature of Authorized Representative Date
HENRY E GONSALVES
 Print or Type Name of Authorized Representative