



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 2014

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. <u>18438</u>		2. Exact name of the Corporation <u>S.B. WINSOR DAIRY, INC</u>			
3. Principal office address <u>18 CLINTON ST</u>		City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	
4. Business Phone No. <u>(401) 231-7833</u>		5. State of Incorporation <u>R.I. - 1960</u>			
6. Brief description of the character of business conducted in Rhode Island <u>✓</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>ALBERT WINSOR</u>		Vice-President Name <u>ALAN K WINSOR</u>			
Street Address <u>7 JULIEN ST.</u>		Street Address <u>58 PINE HILL AVE</u>			
City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>	City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>
Secretary Name <u>KATHLEEN WINSOR</u>		Treasurer Name			
Street Address <u>SAME AS ABOVE</u>		Street Address			
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
	<u>W/A</u>			<u>W/A</u>	
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
			<u>300</u>		<u>\$1.00</u>
					<u>NO VALUE</u>

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

DEC 30 2013

BY 12199

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.

Kathleen Winsor 12/26/13
Signature of Authorized Representative Date

KATHLEEN WINSOR SEC/TREAS.
Print or Type Name of Authorized Representative