



**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. <b>18438</b>		2. Exact name of the Corporation <b>S.B. WINSOR DAIRY, INC</b>	
3. Principal office address <b>18 CLINTON ST</b>		City <b>JOHNSTON</b>	State <b>RI</b>
		Zip <b>02919</b>	
4. Business Phone No. <b>(401) 231-7833</b>		5. State of Incorporation <b>R.I. - 19.60</b>	
6. Brief description of the character of business conducted in Rhode Island <b>✓</b>			
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
President Name <b>ALBERT WINSOR</b>		Vice-President Name <b>ALAN K WINSOR</b>	
Street Address <b>7 JULIEN ST.</b>		Street Address <b>58 PINE HILL AVE</b>	
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	
		City <b>JOHNSTON</b>	State <b>RI</b>
		Zip <b>02919</b>	
Secretary Name <b>KATHLEEN WINSOR</b>		Treasurer Name	
Street Address <b>SAME AS ABOVE</b>		Street Address	
City	State	Zip	
City	State	Zip	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
		City	State
		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
City	State	Zip	
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>	
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 <b>300</b>		CLASS/SERIES	PAR VALUE <b>\$1.00</b>
			<b>NO VALUE</b>

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