



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. 43657		2. Exact name of the Corporation CARPENTER'S RHODE ISLAND TONNYCAKE MEAL, INC		
3. Principal office address 35 NARRAGANSETT AVE. WEST		City WAKEFIELD	State R.I.	Zip 02879
4. Business Phone No. 401-783-5483		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island PRODUCTION & MARKETING OF R.I. WHITECAP FLINT CORN & OTHER RELATED PRODUCTS				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name ROBERT O. SMITH		Vice-President Name ROBERT J. KISILYWICZ		
Street Address 35 NARRAGANSETT AVE. WEST		Street Address 40 MERCER STREET		
City WAKEFIELD	State RI	Zip 02879	City PRINCETON	State N.J.
Secretary Name DIANA W. SMITH		Treasurer Name DIANA W. SMITH		
Street Address 35 NARRAGANSETT AVE. WEST		Street Address 35 NARRAGANSETT AVE., WEST		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State R.I.
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name ROBERT O. SMITH		Director Name DIANA W. SMITH		
Street Address 35 NARRAGANSETT AVE., WEST		Street Address 35 NARRAGANSETT AVE., WEST		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State R.I.
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
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
		50	COMMON	- 0 -

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

File Date _____

Check No _____

By: _____ BY **381071**

FOR SECRETARY OF STATE USE ONLY

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.

Diana W. Smith January 22, 2014
 Signature of Authorized Representative Date

DIANA W. SMITH

Print or Type Name of Authorized Representative