



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

**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