



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. 9932		2. Exact name of the Corporation Mendon Foods Corp.			
3. Principal office address 1800 Post Road, 17G, Airport Plaza			City Warwick	State RI	Zip 02886
4. Business Phone No. (401)738-1321		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Food Service					
7. ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Vacant			Vice-President Name Edward A. Carosi		
Street Address			Street Address 77 Wyndham Avenue		
City	State	Zip	City	State	Zip
			Providence	RI	02908
Secretary Name Vacant			Treasurer Name L. Neil Leroy		
Street Address			Street Address 137 Club Course Drive		
City	State	Zip	City	State	Zip
			Hilton Head Isles	SC	29928
8. ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Edward A. Carosi			Director Name		
Street Address 77 Wyndham Avenue			Street Address		
City	State	Zip	City	State	Zip
Providence	RI	02908			
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
			300	XCommonX	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.

FILED

FEB 06 2014

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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.

Signature of Authorized Representative

Date

Edward A. Carosi

Print or Type Name of Authorized Representative

File Date
 Check No
 By

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