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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.	2. Exact name of the Corporation
11674	THE HENRY GONSALVES COMPANY

3. Principal office address	City	State	Zip
35 THURBER BLVD	SMITHFIELD	RI	02917

4. Business Phone No.	5. State of Incorporation
401-231-6700	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
WHOLESALE FOOD PRODUCTS

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
HENRY E GONSALVES	7 GREAT MEADOWS LANE	LINCOLN	RI	02865

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
JACK COSTA	70 HEWES STREET	CUMBERLAND	RI	02864

Treasurer Name	Street Address	City	State	Zip
HENRY E GONSALVES	7 GREAT MEADOWS LANE	LINCOLN	RI	02865

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
HENRY E GONSALVES	7 GREAT MEADOWS LANE	LINCOLN	RI	02865
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
152	COMMON	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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 10 2014
16738

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.

Henry E Gonsalves Pres. 02/06/2014
Signature of Authorized Representative / Date

HENRY E GONSALVES
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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