



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. 18684		2. Exact name of the Corporation SHAW'S MEATS, INC.			
3. Principal office address 132 OLD RIVER ROAD, STE. 205			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401-333-6300			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island RETAIL MEATS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name BRIAN SHAW			Vice-President Name BRIAN SHAW		
Street Address 505 GREAT ROAD			Street Address 505 GREAT ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name BRIAN SHAW			Treasurer Name BRIAN SHAW		
Street Address 505 GREAT ROAD			Street Address 505 GREAT ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name BRIAN SHAW			Director Name		
Street Address 505 GREAT ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
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 checked="" 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
			100	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 18 2014

By 16346

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.

Brian Shaw 2-13-14
 Signature of Authorized Representative Date

BRIAN SHAW, PRESIDENT

Print or Type Name of Authorized Representative