



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. 552151		2. Exact name of the Corporation F & M Foods, Inc.					
3. Principal office address 111 John Street		City Lincoln	State RI	Zip 02865			
4. Business Phone No.		5. State of Incorporation Rhode Island					
6. Brief description of the character of business conducted in Rhode Island restaurant							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐							
President Name Frederick G. Kilsey		Vice-President Name Lisa M. Andrews					
Street Address 111 John Street		Street Address 111 John Street					
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865		
Secretary Name Todd F. Kilsey		Treasurer Name Frederick G. Kilsey					
Street Address 111 John Street		Street Address 111 John Street					
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐							
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	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) ☐		
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
					0		\$0.100

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: _____

FILED

MAR 03 2014

FOR SECRETARY OF STATE USE ONLY

By

49-218817

A-A.

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

Frederick G. Kilsey, President

Print or Type Name of Authorized Representative