



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. 675935		2. Exact name of the Corporation R.I. PET FOODS PLUS INC.			
3. Principal office address 30 GOODING AVENUE		City BRISTOL	State RI	Zip 02809	
4. Business Phone No. (401) 253-2456		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island to sell pet foods and related to the business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐					
President Name JOSEPH L. PEREIRA			Vice-President Name NONE		
Street Address 30 GOODING AVENUE			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Secretary Name JOSEPH L. PEREIRA			Treasurer Name JOSEPH L. PEREIRA		
Street Address 30 GOODING AVENUE			Street Address 30 GOODING AVENUE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐					
Director Name JOSEPH L. PEREIRA			Director Name NONE		
Street Address 30 GOODING AVENUE			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Director Name NONE			Director Name NONE		
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	
		1,000	COMMON	NO PAR VALUE	

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. **0295**
By **0218933**
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 03 2014

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.

Joseph L. Pereira
Signature of Authorized Representative

Date
2-9-2014

JOSEPH L. PEREIRA

Print or Type Name of Authorized Representative