STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
74268	CERES CORPORATION			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
870 OAKLAWN AVENUE		CRANSTON	RI	02920
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
(401) 943-7050	RHODE ISLAND			612

7. Brief Description of the Character of Business Conducted in Rhode Island
BAKERS AND MANUFACTURERS OF BAKERY PRODUCTS.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			*Vice President Name*		
Lois Kaplan			Daniel Kaplan		
Street Address			*Street Address*		
53 Hamden Road			53 Hamden Road		
City	*State*	*Zip*	*City*	*State*	*Zip*
Cranston	RI	02920	Cranston	RI	02920
Secretary Name			*Treasurer Name*		
Daniel Kaplan			Daniel Kaplan		
Street Address			*Street Address*		
53 Hamden Road			53 Hamden Road		
City	*State*	*Zip*	*City*	*State*	*Zip*
Cranston	RI	02920	Cranston	RI	02920

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			*Director Name*		
None			None		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Director Name			*Director Name*		
None			None		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

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10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 COMM NO PAR VALUE			200	Common	No Par Val.

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] *74268*

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By: ae
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[redacted]

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.

Lois Kaplan 9/12/03
Signature of Officer *Date*
Lois Kaplan
Print or Type Name of Officer
[redacted] President
Title of Officer

Form 630 12/01