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

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
74268

2. Name of Corporation
CERES CORPORATION

3. Street Address Principal Business Office
870 Oaklawn Avenue

City Cranston *State* RI *Zip* 02920

4. Business Phone No.
(401) 943-7050

5. State of Incorporation
RHODE ISLAND

6. SIC Code
0612

7. Brief Description of the Character of Business Conducted in Rhode Island
Bakers and dealers in bread and bread products, pastry, cakes, pies, etc.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

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

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

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

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

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

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

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

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

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

10. SHARES AUTHORIZED AND 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 SHS COMM NO PAR VAL			200	Common	No Par Value

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

* 7 4 2 6 8 *

File Date: 6/25/97

Check No.: 1611

By: [signature]

FOR SECRETARY OF STATE USE ONLY

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 6/20/97
Signature of Officer *Date*

Lois Kaplan
Print or Type Name of Officer

President
Title of Officer