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Secretary of State

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State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0074268 Annual Report for the year: 1994

Name of Business Entity: CERES CORPORATION

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number:

For foreign entity, address and telephone number of principal office:

N/A

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

870 Oaklawn Avenue
Cranston, RI 02920

Phone: (401) 943-7050

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Lois Kaplan, President
870 Oaklawn Avenue
Cranston, RI 02920

Brief statement of the character of business conducted in Rhode Island:

Bakers and dealers in, bread and bread products, pastry, cakes, pies, etc.

Date of Organization: October 13, 1993

Date of Qualification to do business in Rhode Island (if foreign entity):

N/A

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)			
Lois Kaplan	53 Hamden Road	Cranston, RI	02920
☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One)			
Daniel Kaplan	53 Hamden Road	Cranston, RI	02920
☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One)			
Daniel Kaplan	53 Hamden Road	Cranston, RI	02920
☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)			
Lois Kaplan	53 Hamden Road	Cranston, RI	02920

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
N/A			

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1,000	NUMBER 200
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR WITHOUT PAR Without Par Value	PAR VALUE OR WITHOUT PAR Without Par Value

Date 6/7, 19 94

By: Lois Kaplan
Lois Kaplan
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

FILED
JUN 8 1994
BY [illegible] Ck # 4664

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

MARK E. LIBERATI
1536 WESTMINSTER STREET
PROVIDENCE RI 02909