



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 2015

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. <u>40499</u>		2. Exact name of the Corporation <u>Krisppr Products Company</u>			
3. Principal office address <u>370 Wampanoag Trail</u>			City <u>E. Providence</u>	State <u>RI</u>	Zip <u>02915</u>
4. Business Phone No. <u>401-434-6698</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Specialty Foods</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Robert Bedrick</u>			Vice-President Name <u>Edward Bedrick</u>		
Street Address <u>151 Ausdale Rd</u>			Street Address <u>29 Tacoma St</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
Secretary Name <u>Sandra Bedrick</u>			Treasurer Name <u>Robert Bedrick</u>		
Street Address <u>151 Ausdale Rd</u>			Street Address <u>151 Ausdale Rd</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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) <input type="checkbox"/>		
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
			<u> </u>	<u> </u>	<u> </u>

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 SECRETARY OF STATE
 CORPORATIONS DIV

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: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Edward Bedrick 3-24-15
 Signature of Authorized Representative Date

EDWARD BEDRICK
 Print or Type Name of Authorized Representative