



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 OR PRINTED IN BLACK)

1. Corporate ID No. **92100** 2. Name of Corporation **Joy-Po Food Corp.**  
3. Street Address Principal Business Office **233 Wellington Avenue** City **Cranston** State **RI** Zip **02910**  
4. Business Phone No. **401 467-9710** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **638**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Food Processing and Marketing**

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

President Name <b>Lai Lee Chin</b> Street Address <b>125 Federal Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Vice President Name <b>Tina L. Sawyer</b> Street Address <b>20 Ponagansett Avenue</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02888</b>
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Secretary Name <b>Lai Lee Chin</b> Street Address <b>125 Federal Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Treasurer Name <b>Tina L. Sawyer</b> Street Address <b>20 Ponagansett Avenue</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02888</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Lai Lee Chin</b> Street Address <b>125 Federal Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Director Name <b>Tina L. Sawyer</b> Street Address <b>20 Ponagansett Avenue</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02888</b>
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**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
2,000	NO PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
2000	NONE	

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



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**FILED**

File Date: **JUN 25 2003**

Check No.: **BY M1152 GMA**

By: \_\_\_\_\_

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.

*Lai Lee Chin* 3-14-03  
Signature of Officer Date

**CHIN, LAI LEE**  
Print or Type Name of Officer

**President**  
Title of Officer