



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 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **92100** 2. Name of Corporation **Joy-Po Food Corp.**
3. Street Address Principal Business Office **323 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 Lai Lee Chin Street Address 125 Federal Street City Providence State RI Zip 02903	Vice President Name Tina L. Sawyer Street Address 20 Posnegansett Avenue City Warwick State RI Zip 02888
Secretary Name Lai Lee Chin Street Address 125 Federal Street City Providence State RI Zip 02903	Treasurer Name Tina L. Sawyer Street Address 20 Posnegansett Avenue City Warwick State RI Zip 02888

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

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

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

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1,000	Common	No Par

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



* 9 2 1 0 0 *

File Date: 3-25-02
1890
Check No.: _____
By: [Signature]

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.

Tina L. Sawyer 2-12-02
Signature of Officer Date
TINA L. SAWYER 2-12-02
Print or Type Name of Officer
Vice President
Title of Officer