



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 2016

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. 103253		2. Exact name of the Corporation ADVANCED FOOD TECHNOLOGIES, INC.			
3. Principal office address 31 SEAPORT DR			City NARRAGANSETT	State RI	Zip 02882
4. Business Phone No. 215 287 2111			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island SALES REP					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RAMON BOLANOS			Vice-President Name N/A		
Street Address 31 SEAPORT DR			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name RAMON BOLANOS			Treasurer Name N/A		
Street Address 31 SEAPORT DR			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name N/A		
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
			100	COMMON	\$ 1.00

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 *2*

JAN 20 2016

BY 2781

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.

Signature of Authorized Representative

01/11/2016
Date

Print or Type Name of Authorized Representative