



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. 14950		2. Exact name of the Corporation VIRGINIA & SPANISH PEANUT CO.			
3. Principal office address 260 DEXTER STREET		City PROVIDENCE	State RI	Zip 02907	
4. Business Phone No. (401) 421-2543		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island PEANUT, NUT, & FOOD PRODUCTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CANDACE V. KALOOSTIAN		Vice-President Name SHELLEY J. KALOOSTIAN- CONTI			
Street Address 260 DEXTER ST.		Street Address 260 DEXTER ST.			
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name SHELLEY J. KALOOSTIAN- CONTI		Treasurer Name ELLEN KALOOSTIAN FERRARA			
Street Address 260 DEXTER ST.		Street Address 260 DEXTER ST.			
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CANDACE V. KALOOSTIAN		Director Name SHELLEY J. KALOOSTIAN- CONTI			
Street Address 260 DEXTER ST.		Street Address 260 DEXTER ST.			
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Director Name ELLEN KALOOSTIAN FERRARA		Director Name			
Street Address 260 DEXTER ST.		Street Address			
City PROVIDENCE	State RI	Zip 02907	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
			50	CNP	0

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

Form No. 630
Revised: 01/2012

FILED

JAN 22 2016

BY **2573**

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.

Candace V. Kaloostian 1/15/16

Signature of Authorized Representative

Date

CANDACE V. KALOOSTIAN

Print or Type Name of Authorized Representative