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.	2. Exact name of the Corporation		
12461	SODCO, INC		
3. Principal office address: 264 EXETER RD	City: SLOCUM	State: RI	Zip: 02877
4. Business Phone No.: 401 294 3100	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: PRODUCTION AND SALE OF AGRICULTURAL PRODUCTS			

2016 JAN 25 PM 12:5 CORPORATIONS DIV

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
LINDA D. TUCKER	946 E TUCKERTOWN RD	WAKEFIELD	RI	02879

Vice-President Name	Street Address	City	State	Zip
JOHN EIDSON	35 STONEY FARM WAY	WAKEFIELD	RI	02879

Secretary Name	Street Address	City	State	Zip
PATRICK HOGAN	130 YAWGOO VALLEY RD	EXETER	RI	02822

Treasurer Name	Street Address	City	State	Zip
DAWSON T. HODGOSN	761 INDIAN CORNER RD	SLOCUM	RI	02877

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
JOHN EIDSON	35 STONEY WAY	WAKEFIELD	RI	02879

Director Name	Street Address	City	State	Zip
LINDA D TUCKER	946 E TUCKERTOWN RD	WAKEFIELD	RI	02879

Director Name	Street Address	City	State	Zip
DAWSON T. HODGSON	761 INDIAN CORNER RED	SLOCUM	RI	02877

Director Name	Street Address	City	State	Zip
BENJAMIN T. HODGSON	357 SLOCUM RD	SLOCUM	RI	02822

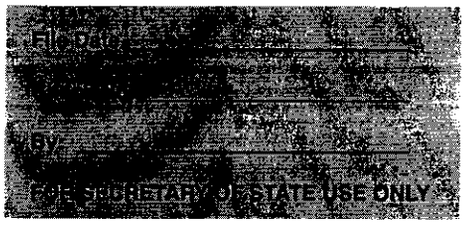
9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO PAR VALUE

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.



FILED
JAN 25 2016
By

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.

Linda D. Tucker — 01/22/2016
Signature of Authorized Representative — Date

LINDA D. TUCKER
Print or Type Name of Authorized Representative

A.A.

Form No. 630
Revised: 01/2012