



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. 54706		2. Exact name of the Corporation Specialty Produce Corporation								
3. Principal office address 481 Dyer Avenue			City Cranston	State RI	Zip 02920					
4. Business Phone No. 401-275-5800		5. State of Incorporation Rhode Island								
6. Brief description of the character of business conducted in Rhode Island Buy, Prepare and Sell Produce.										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>										
President Name Edward A. Andrews			Vice-President Name Steven J. Olsen							
Street Address 21 Horizon Drive			Street Address 140 Rome Drive							
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921					
Secretary Name Donna A. Andrews			Treasurer Name Steven J. Olsen							
Street Address 21 Horizon Drive			Street Address 140 Rome Drive							
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Edward A. Andrews			Director Name							
Street Address 21 Horizon Drive			Street Address							
City Cranston	State RI	Zip 02921	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		
						1500	COMMON	NONE		

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

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.

JAN 24 2016

Edward A. Andrews Rec 1-12-16
 Signature of Authorized Representative Date

Edward A. Andrews, President

By KLS0909 Print or Type Name of Authorized Representative