



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.

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|--|---------------------|--|---|----------------------|---------------------|
| 1. Entity ID No. 43657 | | 2. Exact name of the Corporation CARPENTER'S RHODE ISLAND JONNYCAKE MEAL, INC. | | | |
| 3. Principal office address 35 NARRAGANSETT AVE.-WEST | | | City WAKEFIELD | State R.I. | Zip 02879 |
| 4. Business Phone No. 401-783-5483 | | | 5. State of Incorporation RHODE ISLAND | | |
| 6. Brief description of the character of business conducted in Rhode Island PRODUCTION & MARKETING OF R.I. WHITECAP FISH LOBS & OTHER RELATED PRODUCTS | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name ROBERT O. SMITH | | | Vice-President Name ROBERT J. KISILYWICZ | | |
| Street Address 35 NARRAGANSETT AVE., WEST | | | Street Address 40 MERCER STREET | | |
| City WAKEFIELD | State RI | Zip 02879 | City PRINCETON, | State N.J | Zip 08540 |
| Secretary Name DIANA W. SMITH | | | Treasurer Name DIANA W. SMITH | | |
| Street Address 35 NARRAGANSETT AVE.-WEST | | | Street Address 35 NARRAGANSETT AVE.-WEST | | |
| City WAKEFIELD | State R.I | Zip 02879 | City WAKEFIELD | State RI | Zip 02879 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name ROBERT O. SMITH | | | Director Name DIANA W. SMITH | | |
| Street Address 35 NARRAGANSETT AVE, WEST | | | Street Address 35 NARRAGANSETT AVE.-WEST | | |
| City WAKEFIELD | State RI | Zip 02879 | City WAKEFIELD | State R.I | Zip 02879 |
| Director Name NONE | | | Director Name NONE | | |
| 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 |
| | | | 50 | COMMON | - 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

FILED
 JAN 27 2016
 16L 435484

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: *Diana W. Smith* Date: *January 22, 2016*
 Print or Type Name of Authorized Representative: **DIANA W. SMITH**