



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 545211		2. Name of Corporation 1298 CORPORATION			
3. Street Address Principal Business Office 12 Crow Point Road		City Lincoln	State RI	Zip 02865	
4. Business Phone No. 401-725-9660		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island FOOD DISTRIBUTION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John P. Raposa		Vice President Name John N. Raposa, Assistant Secretary			
Street Address 1298 Drift Road		Street Address 7 Jameson Drive			
City Westport	State MA	Zip 02790	City Bristol	State RI	Zip 02809
Secretary Name John N. Raposa		Treasurer Name John P. Raposa			
Street Address 7 Jameson Drive		Street Address 1298 Drift Road			
City Bristol	State RI	Zip 02809	City Westport	State MA	Zip 02790
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
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"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value	
800		Class A Common		\$0.01 Par Value	
7,200		Class B Common		\$0.01 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

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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

John P. Raposa

Print or Type Name

President

Title

Date