



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. 13144		2. Exact name of the Corporation A. B. MUNROE DAIRY, INC.						
3. Principal office address 151 N. Brow Street		City East Providence		State RI	Zip 02914			
4. Business Phone No. 401-438-4450		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Dairy								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Robert C. Armstrong, Jr.			Vice-President Name Elizabeth Armstrong					
Street Address 151 N. Brow Street			Street Address 151 N. Brow Street					
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914			
Secretary Name Elizabeth Armstrong			Treasurer Name Robert C. Armstrong, Jr.					
Street Address 151 N. Brow Street			Street Address 151 N. Brow Street					
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name Robert C. Armstrong, Jr.			Director Name Elizabeth Armstrong					
Street Address 151 N. Brow Street			Street Address 151 N. Brow Street					
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914			
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
						300 shs	Class A	No par value
			2,700 shs	Class B	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 16 2016

013396

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

Robert C. Armstrong, Jr.

Date

Print or Type Name of Authorized Representative