



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. 675935		2. Exact name of the Corporation R.I. Pet Foods Plus, Inc.					
3. Principal office address 30 Gooding Avenue				City Bristol	State RI	Zip 02809	
4. Business Phone No. 401-253-2456				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To sell pet foods and related items to the business.							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Joseph Pereira				Vice-President Name Justin Pereira			
Street Address 30 Gooding Avenue				Street Address 30 Gooding Avenue			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809		
Secretary Name Joseph Pereira				Treasurer Name Joseph Pereira			
Street Address 30 Gooding Avenue				Street Address 30 Gooding Avenue			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Joseph Pereira				Director Name			
Street Address 30 Gooding Avenue				Street Address			
City Bristol	State RI	Zip 02809	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	
				1000	Common	No par value	

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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 854
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 19 2016
 BY 0268070

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.

Joseph L. Pereira 1-22-2016
 Signature of Authorized Representative Date

Joseph Pereira
 Print or Type Name of Authorized Representative