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.	2. Exact name of the Corporation		
46624	RKS DAIRY Inc		

3. Principal office address	City	State	Zip
33 Edward Ave	Rumford	RI	02916

4. Business Phone No.	5. State of Incorporation
401-431-0728	RI

6. Brief description of the character of business conducted in Rhode Island

Retail Ice Cream And Yogurt

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Ken Schneider	none
Street Address	**Street Address**
33 Edward Ave	

City	State	Zip	City	State	Zip
Rumford	RI	02916			

Secretary Name	Treasurer Name
Street Address	**Street Address**

City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
none	
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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		○

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: _____

FILED
10.24
FEB 26 2016

FOR SECRETARY OF STATE USE ONLY
By _____ 2608789

Form No. 630
Revised: 01/2012

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.

_____ 2/24/16
Signature of Authorized Representative   Date

Kenneth Schneider
Print or Type Name of Authorized Representative