



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. <b>001019764</b>		2. Exact name of the Corporation <b>SWN Food Services Corp.</b>		
3. Principal office address <b>1498 Elmer St</b>		City <b>Wanatah</b>	State <b>NY</b>	Zip <b>11793</b>
4. Business Phone No. <b>401-781-7675</b>		5. State of Incorporation <b>New York</b>		
6. Brief description of the character of business conducted in Rhode Island <b>ment wholesale company</b>				
President Name <b>Scott W. Nicchia</b>		Vice-President Name		
Street Address <b>1498 Elmer St</b>		Street Address		
City <b>Wanatah</b>	State <b>NY</b>	Zip <b>11793</b>	City	State
Secretary Name <b>Virginia Nicchia</b>		Treasurer Name		
Street Address <b>1498 Elmer St</b>		Street Address		
City <b>Wanatah</b>	State <b>NY</b>	Zip <b>11793</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 <b>200</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>0</b>

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.

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.

**FILED**

**MAR 24 2016**

Signature of Authorized Representative

Date

**Scott W. Nicchia**

Print or Type Name of Authorized Representative

**By 270782 A.A. 12:33P.M.**