



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|--|--------------------|---|---|-------------------------------|----------------------------|
| 1. Entity ID Number 3888 | | 2. Exact name of the Corporation CENTRAL FALLS PROVISION CO., INC. | | | |
| 3. Principal Office Address 847 HIGH STREET | | City CENTRAL FALLS | | State R.I. | Zip 02863 |
| 4. NAICS Code 42 | | 6. Brief description of the character of business conducted in Rhode Island PROCESSED MEAT PRODUCTS | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name PAUL SKOCZYLAS | | | Vice-President Name | | |
| Street Address 7 HARVARD STREET | | | Street Address | | |
| City ATTLEBORO | State MA | Zip 02703 | City | State | Zip |
| Secretary Name PAUL SKOCZYLAS | | | Treasurer Name PAUL SKOCZYLAS | | |
| Street Address 7 HARVARD STREET | | | Street Address 7 HARVARD STREET | | |
| City ATTLEBORO | State MA | Zip 02703 | City ATTLEBORO | State MA | Zip 02703 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued | | |
| | | | NUMBER OF SHARES 250 | CLASS/SERIES COMMON | PAR VALUE NO PAR |
| 11. 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. | | | | | |
| Name of Authorized Representative PAUL SKOCZYLAS, PRESIDENT | | | | | Date 1/10/2017 |
| Signature of Authorized Representative <i>Paul Skoczylas</i> | | | | | |

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016