



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
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016