



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.

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BUS SVCS DIV

2017 JAN 19 PM 1:14

1. Entity ID Number <u>51532</u>		2. Exact name of the Corporation <u>HORIZON FOODS INC</u>			
3. Principal Office Address <u>257 BENNETT ST</u>		City <u>PROVIDENCE</u>		State <u>RI</u>	Zip <u>02908</u>
4. NAICS Code <u>42</u>	6. Brief description of the character of business conducted in Rhode Island <u>FOODSERVICE SUPPLY</u>				
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>PAUL KACHLEY</u>			Vice-President Name		
Street Address <u>22 CUCUMBER HILL RD</u>			Street Address		
City <u>FOSTER</u>	State <u>RI</u>	Zip <u>02826</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>100</u>	CLASS/SERIES	PAR VALUE <u>N/P</u>
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 <u>PAUL R KACHLEY</u>				Date <u>1/19/17</u>	
Signature of Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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