RI SOS Filing Number: 201731137610 Date: 01/30/2017 4:00 PM

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	2. Exact name of the Corporation			
11674	THE HENRY GONSALVES COMPANY			
3. Principal Office Address		City	State	Zip
35 THURBER BLVD		SMITHFIELD	RI	02917
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
42 - Wholesale Trade	WHOLESDALE FOOD PRODUCTS			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name HENRY E GONSALVES			Vice-President Name		
Street Address 7 GREAT MEADOWS LANE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name JACK COSTA			Treasurer Name HENRY E GONSALVES		
Street Address 70 HEWES STREET			Street Address 7 GREAT MEADOWS LANE		
City CUMBERLAND	State RI	Zip 02864	City LINCOLN	State RI	Zip 02865

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name HENRY E GONSALVES			Director Name		
Street Address 7 GREAT MEADOWS LANE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	152	COMMON	NO PAR
Changes require an additional filing.			

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	Date
HENRY E GONSALVES	1/28/17

Signature of Authorized Representative: Henry E Gonsalves

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

146628-87-1167391

FILED
JAN 30 2017
BY 0521

FORM 630 - Revised: 10/2016