RI SOS Filing Number: 201734798520 Date: 2/23/2017 4:00:00 PM

Department of	State - Busin	ess Services	Division				
Annual Report for the	year: 2017						
Corporation → Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25.		ot filed by April 1.					
1. Entity ID Number		Exact name of the Corporation J. R. VINAGRO MANUFACTURING AND PROCESSING CO.					
111277	J. R. VINAG						
3. Principal Office Address 116 SHUN PIKE			City JOHNSTON	•		Zip 02919	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode				· · · · · · · · · · · · · · · · · · ·	
31-33 - Manufacturing	DISPOSAL	DISPOSAL OF CONSTRUCTION AND RELATED MATERIAL.					
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names an	d addresses)	ddresses) Check the box to indicate an attachment					
President Name JOSEPH R. VINAGRO			Vice-President Name JOSEPH R. VINAGRO				
Street Address 2101 PLAINFIELD PIKE			Street Address 2101 PLAINFIELD PIKE				
City JOHNSTON	State RI	^{Zip} 02919	City JOHNST	ON	State RI	^{Zip} 02919	
Secretary Name JOSEPH R. VINAGRO			Treasurer Name JOSEPH R. VINAGRO				
Street Address 2101 PLAINFIELD PIKE			Street Address 2101 PLAINFIELD PIKE				
City JOHNSTON	State RI	^{Zip} 02919	City JOHNSTON		State RI	Žip 02919	
8. List ALL directors (names a	nd addresses)		Director Name	Check	the box to in	dicate an attachment _	
Director Name JOSEPH R. VIN	NAGRO		Director Name				
Street Address 2101 PLAINFIELD PIKE			Street Address				
City JOHNSTON	State RI	^{Zip} 02919	City		State	Żip	
Director Name			Director Name		 -		
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of		10. Shares Is		Check the box to indicate an attachment L			
This information is currently of Department of State.	record in the NUMBER OF		JF SHARES	COMMON		NONE	
Changes require an additional filing.							
11. This report must be executured trustee, this report must be ex Under penalty of perjury, I destatements, and that all states. Name of Authorized Represer	ecuted on behalf of leclare and affirm lements contained	the corporation by	the receiver or traced this report, in	ustee.			
JOSEPH R. VINAGRO, PRE						117	

Signature of Authorized Representative

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov

FEB 23 2017

FORM 630 - Revised: 10/2016