**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**
**Office of the Secretary of State - Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

**Filing Period:** January 1 - March 1 • **This report must be typed or printed legibly.**
**Filing Fee:** $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

| 1. Entity ID No. | 2. Exact name of the Corporation |
|---|---|
| 47552 | GARDEN HILLS FRUIT & DELI, INC. |

| 3. Principal office address | City | State | Zip |
|---|---|---|---|
| 763 Oaklawn Avenue | Cranston | RI | 02920 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| 401-944-9711 | Rhode Island |

6. Brief description of the character of business conducted in Rhode Island
Delicatessen

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name | | | Vice-President Name | | |
| Gregory C. Beaune | | | Gregory C. Beaune | | |
| Street Address | | | Street Address | | |
| 763 Oaklawn Avenue | | | 763 Oaklawn Avenue | | |
| City | State | Zip | City | State | Zip |
| Cranston | RI | 02920 | Cranston | RI | 02920 |
| Secretary Name | | | Treasurer Name | | |
| Gregory C. Beaune | | | Gregory C. Beaune | | |
| Street Address | | | Street Address | | |
| 763 Oaklawn Avenue | | | 763 Oaklawn Avenue | | |
| City | State | Zip | City | State | Zip |
| Cranston | RI | 02920 | Cranston | RI | 02920 |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name | | | Director Name | | |
| Gregory C. Beaune | | | | | |
| Street Address | | | Street Address | | |
| 763 Oaklawn Avenue | | | | | |
| City | State | Zip | City | State | Zip |
| Cranston | RI | 02920 | | | |
| 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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 100 | COMMON | NO PAR |
| | | |

*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.*

**File Date** _____
**Check No** _____
**By:** _____
**FOR SECRETARY OF STATE USE ONLY**

**FILED**
**MAR 17 2017**
**BY** 35425 DS

**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.**

Gregory C Beaune 2/28/17
Signature of Authorized Representative — Date

**Gregory C. Beaune, President**
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012