



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corp  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 001659780

**2. Name of Corporation** Atlantic Produce, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 445 LIBERTY LANE  
City or Town: WEST KINGSTON State: RI Zip: 02892 Country: USA

**5. State of Incorporation**

State: DE

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO PRODUCE HERBICIDE AND PESTICIDE FREE PRODUCE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LAWRENCE A. RAIA	445 LIBERTY LANE WEST KINGSTON, RI 02892 USA
TREASURER	LAWRENCE A. RAIA	445 LIBERTY LANE WES KINGSTON, RI 02892 USA
SECRETARY	SUSAN D. WEST	445 LIBERTY LANE WEST KINGSTON, MA 02892 USA
DIRECTOR	LAWRENCE A. RAIA	445 LIBERTY LANE WEST KINGSTON, MA 02892 USA
DIRECTOR	SUSAN D. WEST	445 LIBERTY LANE

		WEST KINGSTON, RI 02892 USA
DIRECTOR	KEVIN KARTY	445 LIBERTY LANE WEST KINGSTON, RI 02892 USA
DIRECTOR	MICHAEL PINTO	445 LIBERTY LANE WEST KINGSTON, RI 02892 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	50,000,000.00	0
PWP		\$0.0100	3,813,734.00	0
PWP		\$0.0100	5,521,266.00	0

**9. 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.**

**Signed this 13 Day of April, 2017 at 12:09:55 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By SUSAN D. WEST, SECRETARY  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations  
All Rights Reserved



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

April 13, 2017 12:09 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

