RI SOS Filing Number: 201755063540 Date: 12/14/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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
001665345	**Menta Brokerage Inc.**

3. Principal Office Address	City	State	Zip
16 South Winds Drive	**Wakefield**	**RI**	**02879**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	**Wholesale Food Service Brokerage**
5. State of Incorporation	
Rhode Island	

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

President Name **Christopher Menta**			Vice-President Name **Christopher Menta**		
Street Address **16 South Winds Drive**			Street Address **16 South Winds Drive**		
City **Wakefield**	State **RI**	Zip **02879**	City **Wakefield**	State **RI**	Zip **02879**
Secretary Name **Christopher Menta**			Treasurer Name **Christopher Menta**		
Street Address **16 South Winds Drive**			Street Address **16 South Winds Drive**		
City **Wakefield**	State **RI**	Zip **02879**	City **Wakefield**	State **RI**	Zip **02879**

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

Director Name **Christopher Menta**			Director Name		
Street Address **16 South Winds Drive**			Street Address		
City **Wakefield**	State **RI**	Zip **02879**	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**CWP**	**$1.00**

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
Christopher Menta	12-4-17

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
DEC 14 2017
BY 480

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

FORM 630 - Revised: 02/2017