



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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 8021		2. Exact name of the Corporation PEZZA FARM, INC			
3. Principal Office Address 2279 Plainfield Pike			City Johnston	State RI	Zip 02919
4. NAICS Code 541715		6. Brief description of the character of business conducted in Rhode Island Farming and related areas involving produce and flowers			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Pezza			Vice-President Name Doreen Pezza		
Street Address 2279 Plainfield Pike			Street Address 2279 Plainfield Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Doreen Pezza			Treasurer Name Michael Peza		
Street Address 2279 Plainfield Pike			Street Address 2279 Plainfield Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Pezza			Director Name Doreen Pike		
Street Address 2279 Plainfield Pike			Street Address 2279 Plainfield Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No par value
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 Michael Pezza, President					Date DECEMBER 16 2017
Signature of Authorized Representative 					

FILED

SIGN DOCUMENT HERE
JAN 02 2018

BY 30953