


 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. Corporate ID No. 000792653		2. Name of Corporation Northeast Produce - Matrix, Inc.			
3. Street Address Principal Business Office 2178 Mendon Road, Suite 200			City Cumberland	State RI	Zip 02864
4. NAICS Code 424410		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Wholesale food sales					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen A. DelBonis			Vice President Name Robert D. McGowan		
Street Address 2178 Mendon Road, Suite 200			Street Address 2178 Mendon Road, Suite 200		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Robert D. McGowan			Treasurer Name Stephen A. DelBonis		
Street Address 2178 Mendon Road, Suite 200			Street Address 2178 Mendon Road, Suite 200		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephen A. DelBonis			Director Name Robert D. McGowan		
Street Address 2178 Mendon Road, Suite 200			Street Address 2178 Mendon Road, Suite 200		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class Series	Par Value
			100 shares 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.

Stephen A. DelBonis
 Signature

1/15/18
 Date

Stephen A. DelBonis

Print or Type Name

President

Title

FILED

JAN 24 2018

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MAIL TO:

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