



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 54031		2. Exact name of the Corporation Provisions Unlimited, Inc.			
3. Principal Office Address c/o Gaschen Law Offices, 180 Little Pond County Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 722310		6. Brief description of the character of business conducted in Rhode Island Food Brokerage Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marcel Dumas			Vice-President Name Marcel Dumas		
Street Address POB 17039			Street Address POB 17039		
City Smithfield	State RI	Zip 02917-0701	City Smithfield	State RI	Zip 02917-0701
Secretary Name Michelle Dumas			Treasurer Name Michelle Dumas		
Street Address POB 17039			Street Address POB 17039		
City Smithfield	State RI	Zip 02917-0701	City Smithfield	State RI	Zip 02917-0701
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par
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 Marcel Dumas					Date 1-16-18
Signature of Authorized Representative 					

FILED

JAN 25 2018

BY 11249 FORM 630 - Revised: 10/2017

MAIL TO:
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