

A. Ralph Mollis, Secretary of State Corporations Division

148 W. Ruer Street Providence, RI 02904-2015

401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ 2018

Filing Period: January 1 - March 1 • Filing Fee: \$50 00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.1. 2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 2-1-2-1501(ecrd)) is subject to a penalty fee of \$25.00

| 1 Corporate ID No 1036323 | | 2 Name of Corporation LONGO BRAND, INC. | | | | |
|--|----------------------|---|--|---|------------------------------|--|
| 3 Street Address Principal Business Office 84 High Street | | | cay Westerly | State RI | 02891 | |
| 4 Business Phone No. 5 Mate of Incorporation Rhode Island | | | | | • | |
| 6. Brief Description of the Char Own, operate, buy, sel | | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Gerald Longo | | | CHMENT) The Fill in Spaces Before using attachments Vice President Name | | | |
| Street Address 12 Canal Street | | | Mrvet Address | | | |
| city Westerly | State RI | ^{/sy-} 02891 | Cits | State | Zip | |
| Secretary Name Gerald Longo | | | Treasurer Name Gerald Longo | | | |
| Street Address 12 Canal Street | | | Street Address 12 Canal Street | | | |
| City Westerly | State RI | λιρ 02891 | Westerly | State RI | ∠ψ. 02891 | |
| 8. NAMES AND ADDRE Director Name | SSES OF THE DIR | ECTORS: ("X" BOX FOR ATI | [ACHMENT] [] FILL 1 Director Same | N SPACES BEFORE USIN | G ATTACHMENTS | |
| Street Address | | | Street Address | | | |
| City | Mate | Zφ | ά <i>t</i> ; | State | Zip | |
| Director Name | | | Director Name | | | |
| Steet Address | | | Meet Address | | | |
| CHY | State | Zψ | Cus | State | Z:p | |
| 9. SHARES AUTHORIZI | ED I | 1 | | O ("X" BOX FOR ATTAC FCTION <u>MUST</u> be completed | · - | |
| 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. | | | Number of Shares | Class Series | Par Value | |
| | | | 0 | common | no par value | |
| This report must be exec | cuted on behalf of t | he corporation by an authorize | od representative. If the | corporation is in the hand | ls of a receiver or trustee | |
| | | ne corporation by the receiver | | corporation to in the flatte | as or a receiver of trustee, | |
| | | | | | | |