RI SOS Filing Number: 201859147920 Date: 2/27/2018 4:00:00 PM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 27 AM 9:29

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		
001663378	RI FINEST INC		
3. Principal Office Address	City	State	Zip
42 Orchard Street	Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
561910	Packaging		
5. State of Incorporation			
RI			

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

President Name Kenneth Dalo			Vice-President Name Kenneth Dalo		
Street Address 42 Orchard Street			Street Address 42 Orchard Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Kenneth Dalo			Treasurer Name Kenneth Dalo		
Street Address 42 Orchard Street			Street Address 42 Orchard Street		
City Johnston	State RI 02919	Zip	City Johnston	State RI	Zip 02919

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

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1000	Common	$1.00
Changes require an additional filing.			

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
Kenneth Dalo	2-26-18

Signature of Authorized Representative: ✓ Kenneth Dalo — SIGN DOCUMENT HERE

FILED
FEB 27 2018
BY 325303

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: 10/2017