RI SOS Filing Number: 201859381270 Date: 2/28/2018 4:00:00 PM

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

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SECRETARY OF STATE
CORPORATIONS SWAMP
2018 FEB 28 PM 12:55

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			
92274	L.R.F., Inc.			
3. Principal Office Address		City	State	Zip
67 Cucumber Hill Road		Foster	RI	02825
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
424990	To Merchandise, sell, offer for sale and distribute at wholesale and retail, food and related products of all kinds.			
5. State of Incorporation				
Rhode Island				

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

President Name: Eli Berkowitz			Vice-President Name: Eli Berkowitz		
Street Address: 67 Cucumber Hill Road			Street Address: 67 Cucumber Hill Road		
City: Foster	State: RI	Zip: 02825	City: Foster	State: RI	Zip: 02825
Secretary Name: Eli Berkowitz			Treasurer Name: Eli Berkowitz		
Street Address: 67 Cucumber Hill Road			Street Address: 67 Cucumber Hill Road		
City: Foster	State: RI	Zip: 02825	City: Foster	State: RI	Zip: 02825

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

Director Name: None			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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
51	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: Eli Berkowitz

Date: 2-23-18

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
FEB 28 2018
BY 325512

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