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	2. Exact name of the Corporation		
000004171	Christiansen Dairy Company		
3. Principal Office Address: 1729 Smith Street	City: North Providence	State: RI	Zip: 02911
4. NAICS Code: 81	6. Brief description of the character of business conducted in Rhode Island: Dairy Company		
5. State of Incorporation: RI	445299		

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

President Name: Jay L. Christiansen			Vice-President Name: Jay L. Christiansen		
Street Address: 14 Terrace Drive			Street Address: 14 Terrace Drive		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828
Secretary Name: Jay L. Christiansen			Treasurer Name: Jay L. Christiansen		
Street Address: 14 Terrace Drive			Street Address: 14 Terrace Drive		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828

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

Director Name: Jay L. Christiansen			Director Name		
Street Address: 14 Terrace Drive			Street Address		
City: Greenville	State: RI	Zip: 02828	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
50		$0.0000

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
Jay L. Christiansen, President	02/26/2018

Signature of Authorized Representative

SIGN IN BOX ABOVE

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

FILED
MAR 02 2018
BY 27575 DS

FORM 630 - Revised: 10/2017