



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

FILED

MAR 02 2018

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.

BY 20109
001

1. Entity ID Number 47552		2. Exact name of the Corporation GARDEN HILLS FRUIT & DELI, INC.			
3. Principal Office Address 763 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 445299		6. Brief description of the character of business conducted in Rhode Island Delicatessen			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory C. Beaune			Vice-President Name Gregory C. Beaune		
Street Address 763 Oaklawn Avenue			Street Address 763 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Gregory C. Beaune			Treasurer Name Gregory C. Beaune		
Street Address 763 Oaklawn Avenue			Street Address 763 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gregory C. Beaune			Director Name		
Street Address 763 Oaklawn Avenue			Street Address		
City Cranston	State RI	Zip 02920	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 Gregory C. Beaune, President				Date 2/20/18	
Signature of Authorized Representative <i>Gregory C. Beaune</i>			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov