



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

→ 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 59132		2. Exact name of the Corporation MELLO'S FRUITLAND, INC.			
3. Principal Office Address 69 BROADCOMMON ROAD			City BRISTOL	State RI	Zip 02809
4. NAICS Code 445230		6. Brief description of the character of business conducted in Rhode Island OPERATION OF A FRUIT AND PRODUCE BUSINESS			
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 HERMAN L. MELLO			Vice-President Name DOMINEE M. MELLO		
Street Address 35 LISA LANE			Street Address 35 LISA LANE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name HERMAN L. MELLO			Treasurer Name HERMAN L. MELLO		
Street Address 35 LISA LANE			Street Address 35 LISA LANE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HERMAN L. MELLO			Director Name DOMINEE M. MELLO		
Street Address 35 LISA LANE			Street Address 35 LISA LANE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
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
			200	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 HERMAN L. MELLO				Date 2/1/18	
Signature of Authorized Representative <i>Herman L. Mello</i>			SIGN DOCUMENT FILED <i>02</i>		

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

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FORM 630 - Revised: 10/2017