

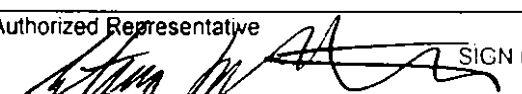


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 45846		2. Exact name of the Corporation VEGA FOOD INDUSTRIES, INC.			
3. Principal Office Address 80 Stamp Farm Road			City Cranston	State RI	Zip 02910
4. NAICS Code 311991		6. Brief description of the character of business conducted in Rhode Island Food product manufacture.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Steven W. Christofaro			Vice-President Name Dennis R. Christofaro		
Street Address 22 Old Spring Road			Street Address 32 Nichols Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Steven W. Christofaro			Treasurer Name Dennis R. Christofaro		
Street Address 22 Old Spring Road			Street Address 32 Nichols Street		
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 ☐					
Director Name Steven W. Christofaro			Director Name Dennis R. Christofaro		
Street Address 22 Old Spring Road			Street Address 32 Nichols Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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		
			3000 COMMON NONE		
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 Steven W. Christofaro, President					Date 3/7/18
Signature of Authorized Representative 					FILED MAR 16 2018 BY 20481DS
SIGN DOCUMENT HERE					