



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

STAMP

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 13144		2. Exact name of the Corporation A. B. MUNROE DAIRY, INC.			
3. Principal Office Address 151 N. Brow Street			City East Providence	State RI	Zip 02914
4. NAICS Code 112420		6. Brief description of the character of business conducted in Rhode Island Dairy			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert C. Armstrong, Jr.			Vice-President Name Elizabeth Armstrong		
Street Address 151 N. Brow Street			Street Address 151 N. Brow Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Elizabeth Armstrong			Treasurer Name Robert C. Armstrong, jr.		
Street Address 151 N. Brow Street			Street Address 151 N. Brow Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert C. Armstrong, Jr.			Director Name Elizabeth Armstrong		
Street Address 151 N. Brow Street			Street Address 151 N. Brow Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
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
			300 shs		Class A
			2,700 shs		Class B
			PAR VALUE		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.					
<i>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.</i>					
Name of Authorized Representative Robert C. Armstrong, Jr.					Date
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **FILED**

MAR 22 2018
 BY 02005105