RI SOS Filing Number: 201860964190 Date: 3/26/2018 11:46:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number	2. Exact name of	the Corporation	, i			··-	
794894	3M	C Delic	M+5				
3. State of Incorporation	5. Brief description	on of the characte	of business conducted i	in Rhode Isl	and (/	
	making Super feeds, with the tinest						
4. NAICS Code	qulity Podacks, Smaking others healtherer						
999999							
6. Principal Office Address			City R		State	Zip	
362 River			L KNOU		KI	02908	
7. List ALL officers (names and add	lresses)		,	Check the	box to indicate a	an attachment	
President Name Pauld 1	Myrich	<u>. </u>	Vice-President Name	lacar	od ho	Clection	
Street Address 362 RIVET AUR			Street Address		<u></u>		
City D	State	Zip ODCOV	City /	7	S'	Zip _	
	No Flor		Treasurer Name	1-2-1	(- 0) 0 /	Clastina	
Street Address	No Election. Treasurer Name Varant No Election. Street Address.						
		· · · · · · · · · · · · · · · · · · ·		<u></u>			
City	State	Zip	City	/	State ,	Ziu	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.							
Director Name David J. MY. cu			Director Name Vacant No Clection				
Stree Address	Street Address Street Address					<u>,,</u>	
City 10V	State	Zip ()2906	City	 	State	Zip	
Director Name /	No Electron Director Name						
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.							
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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative					Date		
Secretary / Mynus FILED 3/26/18					/18		
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE MAR 2 6 2018							
An -							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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