



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2018

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 0004694		2. Exact name of the Corporation CONNETH ENTERPRISES INCORPORATE	
3. Principal office address 57 Colwell Road		City Greenville	State RI
4. Business Phone No. 401-949-0100		5. State of Incorporation RHODE ISLAND	
6. Brief description of the character of business conducted in Rhode Island MANUFACTURING PROCESSING APPLE FRESH SLICE DICED 359999			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name DONALD E CONNETTI		Vice-President Name DONALD E CONNETTI	
Street Address 60 Colwell RD		Street Address	
City Greenville	State RI	Zip 02828	
Secretary Name DONALD E CONNETTI		Treasurer Name	
Street Address 60		Street Address	
City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name DONALD E CONNETTI		Director Name DONALD E CONNETTI	
Street Address 60 Colwell Road		Street Address 60 Colwell RD	
City Greenville	State RI	Zip 02828	
Director Name DONALD E CONNETTI		Director Name DONALD E CONNETTI	
Street Address 60 Colwell RD		Street Address 60 Colwell RD	
City Greenville	State RI	Zip 02828	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES 1000	CLASS/SERIES COMMON NO PAR VALUE
		200	COMMON NO PAR VALUE

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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

APR 02 2018

BY 3172

ES

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

DONALD E CONNETTI

3/30/18