

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

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 901642		2. Exact name of the Corporation FOODWORTH, INC.			
3. Principal Office Address 70 SHOVE STREET			City TIVERTON	State RI	Zip 02878
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island SERVICE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name BERNADETTE ALMEIDA			Vice-President Name		
Street Address 70 SHOVE ST			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Secretary Name BERNADETTE ALMEIDA			Treasurer Name BERNADETTE ALMEIDA		
Street Address 70 SHOVE ST			Street Address 70 SHOVE ST		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name BERNADETTE ALMEIDA			Director Name		
Street Address 70 SHOVE ST			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100		CLASS/SERIES COMMON NO PAR
			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.					
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 Bernadette Dias					Date 4-5-18
Signature of Authorized Representative BERNADETTE DIAS					

FILED

APR 09 2018

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MAIL TO:

Division of Business Services

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