



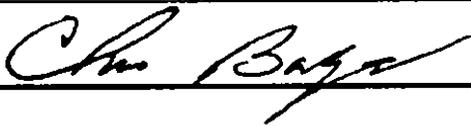
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: **2014**
 Corporation

2018 MAY -7 AM 11:00

- 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 273518		2 Exact name of the Corporation Hillcrest Foods, Inc.			
3 Principal Office Address 217 Edie Rd		City Saratoga Springs		State NY	Zip 12866
4 NAICS Code 424400		6 Brief description of the character of business conducted in Rhode Island Food Distribution			
5 State of Incorporation VT					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Chris Barkyoumb			Vice-President Name		
Street Address 1180 Ridge Rd			Street Address		
City Queensbury	State NY	Zip 12804	City	State	Zip
Secretary Name Danielle Bissonnette			Treasurer Name Danielle Bissonnette		
Street Address 11 Overlook Dr			Street Address 11 Overlook Dr		
City Milton	State VT	Zip 05468	City Milton	State VT	Zip 05468
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Chris Barkyoumb			Director Name		
Street Address 1180 Ridge Rd			Street Address		
City Queensbury	State NY	Zip 12804	City	State	Zip
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	PAR VALUE
		20		Common	\$ 0. -
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 Chris Barkyoumb					Date 5/2/18
Signature of Authorized Representative 					FILED

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAY 17 2018 11:20

BY CA 330772 FORM 630 - Revised: 10/2017