



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

Annual Report for the year: 2017
Corporation

- Filing period. January 1 - March 1
- Filing Fee: \$50.00
- Penalty. Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 2018 AUG 30 PM 12:18
 02876

1. Entity ID Number 1663032		2. Exact name of the Corporation Mike Aubin Distribution Inc.			
3. Principal Office Address 9 Halliwell Blvd			City Slatersville	State RI	Zip 02876
4. NAICS Code 311812		5. Brief description of the character of business conducted in Rhode Island wholesale Bread Distribution			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Aubin			Vice-President Name		
Street Address 9 Halliwell Blvd			Street Address		
City Slatersville	State RI	Zip 02876	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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			
		100		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 Michael Aubin				Date 8/30/18	
Signature of Authorized Representative 				FILED	
AUG 30 2018					

BY KL IWERG
D: 19