



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 116613
2. Name of Corporation Mike A. Polseno & Sons, Inc.
3. Street Address Principal Business Office 101 SPRING STREET City PASCOAG State RI Zip 02859-
4. Business Phone No. 4015682471 5. State of Incorporation RHODE ISLAND 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE WHOLESALE DISTRIBUTION OF APPLES AND VARIOUS OTHER FRUITS AND VEGETABLES

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Richard Polseno Street Address 77 Spring Street City Pascoag State RI Zip 02859	Vice President Name Robert Polseno Street Address 100 Spring Street City Pascoag State RI Zip 02859
Secretary Name Richard Polseno Street Address 77 Spring Street City Pascoag State RI Zip 02859	Treasurer Name Robert Polseno Street Address 100 Spring Street City Pascoag State RI Zip 02859

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Richard Polseno Street Address 77 Spring Street City Pascoag State RI Zip 02859	Director Name Robert Polseno Street Address 100 Spring Street City Pascoag State RI Zip 02859
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES Number of Shares Class/Series Par Value 1,000 NO PAR VALUE	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES Number of Shares Class/Series Par Value 100 Common No Par
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Richard Polseno 2-23-05
Signature of Officer Date
RICHARD POLSENO
Print or Type Name of Officer
PRESIDENT
Title of Officer

116613 DBO 02/18/05 08:02:00 PM
File Date 2/25/05
Check No. 9779
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED IN BLACK)

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4. Business Phone No. 4015682471 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE WHOLESALE DISTRIBUTION OF APPLES AND VARIOUS OTHER FRUITS AND VEGETABLES

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Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 6 6 1 3

116613 DBC 12/31/03 02:42:04 PM
File Date 3-2-04
Check No. 8944
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Richard Polseno 2-28-04
Signature of Officer Date
RICHARD POLSENO
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **116613** 2. Name of Corporation **Mike A. Polseno & Sons, Inc.**

3. Street Address Principal Business Office **101 Spring Street** City **Pascoag** State **RI** Zip **02859**
4. Business Phone No. **401-568-2471** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Wholesale distributors of fruits and vegetables

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Richard Polseno Street Address 77 Spring Street City Pascoag State RI Zip 02859	Vice President Name Robert Polseno Street Address 100 Spring Street City Pascoag State RI Zip 02859
Secretary Name Richard Polseno Street Address 77 Spring Street City Pascoag State RI Zip 02859	Treasurer Name Robert Polseno Street Address 100 Spring Street City Pascoag State RI Zip 02859

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Director Name Richard Polseno Street Address 77 Spring Street City Pascoag State RI Zip 02859	Director Name Robert Polseno Street Address 100 Spring Street City Pascoag State RI Zip 02859
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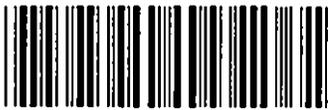
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 6 6 1 3 *

File Date: 3-31-03
Check No.: 8180
By: [Signature]

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.

X Richard Polseno 3-18-03
Signature of Officer Date
X RICHARD POLSENO
Print or type name of officer
X PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **116613** 2. Name of Corporation **Mike A. Polseno & Sons, Inc.**

3. Street Address Principal Business Office **101 SPRING STREET** City **PASCOAG** State **RI** Zip **02859**

4. Business Phone No. **401/568-2471** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
WHOLESALE DISTRIBUTORS OF FRUITS AND VEGETABLES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name RICHARD POLSENO Street Address 77 SPRING STREET City PASCOAG State RI Zip 02859	Vice President Name ROBERT POLSENO Street Address 100 SPRING STREET City PASCOAG State RI Zip 02859
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Secretary Name RICHARD POLSENO Street Address 77 SPRING STREET City PASCOAG State RI Zip 02859	Treasurer Name ROBERT POLSENO Street Address 100 SPRING STREET City PASCOAG State RI Zip 02859
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Director Name RICHARD POLSENO Street Address 77 SPRING STREET City PASCOAG State RI Zip 02859	Director Name ROBERT POLSENO Street Address 100 SPRING STREET City PASCOAG State RI Zip 02859
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100		NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 6 6 1 3 *

File Date: 3-1-02

Check No.: 7403

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Richard Polseno 2-26-02
Signature of Officer Date

RICHARD POLSENO
Print or Type Name of Officer

PRESIDENT
Title of Officer