



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

Annual Report for the year: 2019
Corporation

STAMP

- 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 000022263		2. Exact name of the Corporation VALLEY FARMS DISTRIBUTORS INC.			
3. Principal Office Address 743 BALD HILL RD		City WARWICK	State R.I.	Zip 02886	
4. NAICS Code 311570		6. Brief description of the character of business conducted in Rhode Island ICE CREAM Production & DISTRIBUTION			
5. State of Incorporation					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GERARD L BUCCI JR			Vice-President Name Michelle Bucci		
Street Address 586 WAKEFIELD ST			Street Address 586 WAKEFIELD ST		
City WEST WARWICK	State R.I.	Zip 02893	City WEST WARWICK	State R.I.	Zip 02893
Secretary Name Michelle BUCCI			Treasurer Name Gerard L Bucci Jr.		
Street Address 586 WAKEFIELD ST			Street Address 586 Wakefield ST		
City W.W.	State R.I.	Zip 02893	City W.W.	State R.I.	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GERARD L BUCCI JR			Director Name VINCENT BUCCI		
Street Address 586 WAKEFIELD ST			Street Address 586 Wakefield ST		
City W.W.	State R.I.	Zip 02893	City W.W.	State R.I.	Zip 02893
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		
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 Gerard L Bucci Jr.					Date 1-9-19
Signature of Authorized Representative Gerard L Bucci Jr.					

SIGN DOCUMENT FILED **OU**

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

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