



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

SIGN DOCUMENT

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

JAN 12 2019

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FORM 630 - Revised: 10/2017