




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

Annual Report for the year: 2019
Corporation

- 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 485408		2. Exact name of the Corporation Rhode Island Poultry, Inc.			
3. Principal Office Address 90 Libera Street			City Cranston	State RI	Zip 02920
4. NAICS Code 424440		6. Brief description of the character of business conducted in Rhode Island SALE AND DISTRIBUTION OF POULTRY			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Constantine E. Marses			Vice-President Name None		
Street Address 90 Libera Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Constantine E. Marses			Treasurer Name Constantine E. Marses		
Street Address 90 Libera Street			Street Address 90 Libera Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Constantine E. Marses			Director Name None		
Street Address 90 Libera Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name None			Director Name None		
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
		200		Common	No 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. <i>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.</i>					
Name of Authorized Representative Constantine E. Marses					Date 1/19/19
Signature of Authorized Representative 			SIGN DOCUMENT HERE		FILED

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 24 2019
 BY 3157 **DS**
 FORM 630 - Revised: 10/2017