



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.

FILED

FEB 11 2019

BY 18363
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1. Entity ID Number 55525		2. Exact name of the Corporation Quality Fruitland, Inc.			
3. Principal Office Address 1487 Fall River Avenue			City Seekonk	State MA	Zip 02771
4. NAICS Code 445230		6. Brief description of the character of business conducted in Rhode Island Retail - Fruit, Produce and Flower Store			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Harold Foster			Vice-President Name Sara Foster		
Street Address 16 Columbus Avenue			Street Address 16 Columbus Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Harold Foster			Treasurer Name Sara Foster		
Street Address 16 Columbus Avenue			Street Address 16 Columbus Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Harold Foster			Director Name Sara Foster		
Street Address 16 Columbus Avenue			Street Address 16 Columbus Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 Harold Foster				Date 2/6/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	