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

FILED
FEB 11 2019
BY 183163

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	2. Exact name of the Corporation			
55525	**Quality Fruitland, Inc.**			
3 Principal Office Address		City	State	Zip
1487 Fall River Avenue		**Seekonk**	**MA**	**02771**
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
445230	**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 ☐

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 ☐

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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**Common**	**No Par**

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	Date
Harold Foster	**2/6/2019**

Signature of Authorized Representative

SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017