RI SOS Filing Number: 201986465360 Date: 2/11/2019 4:00:00 PM

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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

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| 5.T.: MT<br>FEB 1 1 2019 |
| BY 35390                 |
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| ### Address #### Address #### Address #### Address ### Address #### Address ##### Address ##### Address ######### Address ###################################  |                                       |
|--|---------------------------------------|
| 3. Principal Office Address 70 Atwood Street  4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of dairy and deli products 6. State of Incorporation 7. List ALL officers (names and addresses) 7. Check the box to indicate of the character of business conducted in Rhode 7. List ALL officers (names and addresses) 7. Check the box to indicate of the c |                                       |
| 70 Atwood Street  4. NAICS Code 424430  4. NAICS Code 424430  5. State of Incorporation RI  7. List ALL officers (names and addresses)  Street Address 45 Windermere Way  City Warwick  Steret Address  Street Address  45 Windermere Way  City Warwick  Street Address  Street Address  45 Windermere Way  City Warwick  Street Address  Street Address  45 Windermere Way  City Warwick  Street Address  Street Address  City State  City Street Address  Street Address  City Street Address  Street Address  City State  Check the box to indicate  Director Name   | Zıp                                   |
| ### Against and addresses   Wholesale distribution of dairy and deli products  5. State of Incorporation   RI    7. List ALL officers (names and addresses)   Check the box to indicate and addresses    President Name   Kenneth A. Garber    Street Address   Street Address    City Warwick   State   RI   Zip   02886    Street Address   Street Address    City Warwick   State   Zip   02886    City   State    State   State   City   State    State   State   City   State    State   State   City   State    State   State   Check the box to indicate    Director Name   Director Name    Check the box to indicate    Check the | 02909                                 |
| 5. State of Incorporation RI  7. List ALL officers (names and addresses)  President Name Kenneth A. Garber  Street Address 45 Windermere Way  City Warwick  Secretary Name Kenneth A. Garber  Street Address  Street Address  Treasurer Name  Street Address  Street Address  City State  Treasurer Name  Street Address  Street Address  City State  Treasurer Name  Street Address  City State  City Warwick  Street Address  Director Name  City Warwick  State  Director Name  Check the box to indicate   | ·                                     |
| 7. List ALL officers (names and addresses)  President Name Kenneth A. Garber  Street Address  45 Windermere Way  City Warwick  Secretary Name Kenneth A. Garber  Street Address  45 Windermere Way  Treasurer Name  Street Address  Street Address  City State  Director Name  Check the box to indicate  Check the box to indicate  Director Name   |                                       |
| 7. List ALL officers (names and addresses)  President Name Kenneth A. Garber  Street Address  45 Windermere Way  City Warwick Secretary Name Kenneth A. Garber  Street Address  Treasurer Name  Street Address  Street Address  City  State  Treasurer Name  Street Address  City  State  City  State  Street Address  City  Street Address  City  State  City  State  Director Name  Director Name  Director Name   |                                       |
| Street Address   Street Address   Street Address   |                                       |
| Street Address   45 Windermere Way   State   RI   Zip   02886   City   City   Warwick   Street Address   Street Address  | an attachment                         |
| Street Address 45 Windermere Way  City Warwick  State RI  Zip 02886  City  Treasurer Name  Street Address  Street Address  Street Address  Street Address  City Warwick  State RI  Zip 02886  City  Street Address  City  Check the box to indicate  Director Name   |                                       |
| Street Address 45 Windermere Way  City Warwick  State RI  Zip 02886  City  Check the box to indicate  Director Name  |                                       |
| Street Address 45 Windermere Way  City Warwick  State RI  Zip 02886  City City Check the box to indicate  Director Name  Treasurer Name  Street Address  City City City Check the box to indicate  Director Name   | Zıp                                   |
| Street Address 45 Windermere Way  City Warwick  State RI  Zip 02886  City  City  State  Check the box to indicate  Director Name   | <u></u>                               |
| City Warwick State RI Zip 02886 City State  8. List ALL directors (names and addresses) Check the box to indicate Director Name  | · · · · · · · · · · · · · · · · · · · |
| Director Name Director Name  | Zip                                   |
|  | an attachment 🗀                       |
| Street Address Street Address  |                                       |
| Officer Address  |                                       |
| City State Zip City State  | Zip                                   |
| Director Name Director Name  |                                       |
| Street Address Street Address  |                                       |
| City State Zip City State  | Zıp                                   |
| 9. Shares Authorized 10. Shares Issued Check the box to indicate   | an attachment                         |
| This information is currently of record in the NJIMBER OF SHARES CLASS/SERIES  | PAR VALUE                             |
| Department of State. 100 CNP No Po   | ar                                    |
| Changes require an additional filing.  |                                       |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hand   | ds 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 schedule statements, and that all statements contained herein are true and correct.  | es anu                                |
| Name of Authorized Representative Date   |                                       |
| Kenneth A. Garber 2/08/2   | Zei 9                                 |
| Signature of Authorized Representative   | <u> </u>                              |
| SI GN 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