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 27 2019
0-1000

BY 27347 OS

1. Entity ID Number 47552	2. Exact name of the Corporation GARDEN HILLS FRUIT & DELI, INC.							
3. Principal Office Address			City		State	Zip		
763 Oaklawn Avenue			Cranston		RI	02920		
4. NAICS Code	6. Brief desc	ription of the charac	eter of business of	onducted in Rhode Is	land			
72 - Accommodation and Food Delicatessen								
5. State of Incorporation	1							
Rhode Island								
7. List ALL officers (names and addresses) , Check the box to indicate an attachment								
President Name Gregory C. Beaune			Vice-President Name Gregory C. Beaune					
Street Address 763 Oaklawn Avenue			Street Address 763 Oaklawn Avenue					
^{City} Cranston	State RI	^{Zıp} 02920	City Cranston		State RI	^{Zip} 02920		
ecretary Name Gregory C. Beaune			Treasurer Name Gregory C. Beaune					
Street Address 763 Oaklawn Avenue			Street Address 763 Oaklawn Avenue					
City Cranston	State RI	^{Zip} 02920	City Cranston		State RI	^{Ζιρ} 02920		
8. List ALL directors (names and a	dresses)				the box to i	ndicate an attachment 🔲		
Director Name Gregory C. Beaune			Director Name	Director Name				
Street Address 763 Oaklawn Avenue			Street Address					
City Cranston	State RI	Zip 02920	City	City		Zip		
Director Name			Director Name					
Street Address	Street Address							
City	State .	Zip	City	City		Zip		
9. Shares Authorized		10. Shares Iss	sued	Check the box to indicate an attachment				
This information is currently of record in the		NUMBER OF SHARES			CLASS/SERIES PAR VALUE			
Department of State.		100		COMMON NO		NO PAR		
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 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/								
Gregory C. Beaune, President								
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