



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.

SECRETARY OF STATE
 CORPORATIONS

2019 MAR 29 PM 2:01

1. Entity ID Number 37090		2. Exact name of the Corporation United Packing, Inc.			
3. Principal Office Address 113-115 Gano Street			City Providence	State RI	Zip 02906
4. NAICS Code 37090-445210		6. Brief description of the character of business conducted in Rhode Island Retail and Wholesale Meat Market			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Antonio S. Cabral			Vice-President Name Antonio S. Cabral		
Street Address 7 Spruce Street			Street Address 7 Spruce Street		
City Providence (CAWSTON)	State RI	Zip 02906 02910	City Providence (CAWSTON)	State RI	Zip 02906 02910
Secretary Name Antonio S. Cabral			Treasurer Name Antonio S. Cabral		
Street Address 7 Spruce Street			Street Address 7 Spruce Street		
City Providence (CAWSTON)	State RI	Zip 02906 02910	City Providence (CAWSTON)	State RI	Zip 02906 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			150	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. 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 Antonio S. Cabral				Date 3/ /2019	
Signature of Authorized Representative <i>Antonio S. Cabral</i>				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

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BY CK 1092 FORM 630 - Revised: 10/2017