



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 131324		2. Name of Corporation Belmont Fruit, Inc.			
3. Street Address Principal Business Office 600 KINGSTOWN ROAD			City WAKEFIELD	State RI	Zip 02879-
4. Business Phone No. 4017834656		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island PURCHASE AND SALE AT WHOLESALE AND RETAIL OF FRUIT, VEGETABLES AND PRODUCE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Vincent J. Siravo, Jr.			Vice President Name Debra S. Manni		
Street Address 600 Kingstown Road			Street Address 600 Kingstown Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Debra S. Manni			Treasurer Name Vincent J. Siravo, Jr.		
Street Address 600 Kingstown Road			Street Address 600 Kingstown Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Vincent J. Siravo, Jr.			Director Name		
Street Address 600 Kingstown Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$.01 PAR VALUE		100	Common	\$.01 Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

File Date

Check No. FEB 28 2005 12/82

By: KS

FOR SECRETARY OF STATE USE ONLY

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.

Vincent J. Siravo, Jr. 2/10/05
Signature of Officer Date
Vincent J. Siravo, Jr.
Print or Type Name of Officer
President
Title of Officer



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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 131324		2. Name of Corporation Belmont Fruit, Inc.			
3. Street Address Principal Business Office 600 Kingston Road			City Wakefield	State RI	Zip 02879
4. Business Phone No. 401 783-4656		5. State of Incorporation Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Purchase and Sale at Wholesale and retail of fruit, vegetables and other produce.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Vincent J. Siravo, Jr.			Vice President Name Debra S. Manni		
Street Address 600 Kingstown Road			Street Address 600 Kingstown Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Debra S. Manni			Treasurer Name Vincent J. Siravo, Jr.		
Street Address 600 Wakefield			Street Address Same as above		
City Wakefield	State RI	Zip 02879	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Vincent J. Siravo, Jr.			Director Name		
Street Address Same as above			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common Stock	\$.01 Par	100	Common	\$.01 Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date 2.25.04
Check No. 11717
By: ICP
FOR SECRETARY OF STATE USE ONLY

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.

Vincent J. Siravo, Jr. 1/19/04
Signature of Officer Date
Vincent J. Siravo, Jr.
Print or Type Name of Officer
President
Title of Officer