



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
109 North Main Street
Providence, RI 02905-1335
401.222.5600

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: 1. Corporate ID No. 45225, 2. Name of Corporation J. P. Deliveries, Incorporated, 3. Street Address Principal Business Office 450 Saugatucket Road, City Wakefield, State RI, Zip 02879, 4. Business Phone No. 783-4981, 5. State of Incorporation RHODE ISLAND, 6. SIC Code 2659, 7. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE DISTRIBUTION OF FRUIT AND VEGETABLES, 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS, 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS, 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [ ], 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ ]

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



File Date 1/19/05, Check No. 7791, By DA, 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. Signature of Officer Joseph W. Platt, Date 1-31/05, Print or Type Name of Officer President, Title of Officer President

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

EDWARD S. INMAN, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 45225		2. Name of Corporation J.P. DELIVERIES, INC.			
3. Street Address Principal Business Office 450 SAUGATUCKET ROAD			City PEACEDALE	State RI	Zip 02883
4. Business Phone No. 783-4981		5. State of Incorporation RHODE ISLAND		6. SIC Code 2659	
7. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE PRODUCE					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph W. Platt			Vice President Name Eva M. Platt		
Street Address 450 Saugatucket Road			Street Address 450 Saugatucket Road		
City Peacedale	State RI	Zip 02883	City Peacedale	State RI	Zip 02883
Secretary Name Joseph W. Platt			Treasurer Name Eva M. Platt		
Street Address 450 Saugatucket Road			Street Address 450 Saugatucket Road		
City Peacedale	State RI	Zip 02883	City Peacedale	State RI	Zip 02883
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph W. Platt			Director Name		
Street Address 450 Saugatucket Road			Street Address		
City Peacedale	State RI	Zip 02883	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
100 NO PAR VALUE			100 NO PAR VALUE		

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	_____
Check No.	_____
By	<u>JP</u>
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.

Joseph W. Platt 8/27/04  
Signature of Officer Date  
Joseph W. Platt 8/19/04  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **45225** 2. Name of Corporation **J. P. Deliveries, Incorporated**  
3. Street Address Principal Business Office **450 SAUGATUCKET RD.** City **WAKEFIELD** State **R.I.** Zip **02879**  
4. Business Phone No. **401-783-4981** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2659**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **JOSEPH W. PLATT**  
Street Address **450 SAUGATUCKET RD.** City **WAKEFIELD** State **R.I.** Zip **02879**  
Secretary Name **SAME AS ABOVE**  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vice President Name **EVA M. PLATT**  
Street Address **450 SAUGATUCKET RD.** City **WAKEFIELD** State **R.I.** Zip **02879**  
Treasurer Name **SAME AS ABOVE**  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **JOSEPH W. PLATT**  
Street Address **SAME** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No PAR**

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



\* 4 5 2 2 5 \*

File Date: 6-6-03  
Check No.: 7257  
By: [Signature]

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.

Joseph W. Platt 1/9/03  
Signature of Officer Date  
JOSEPH W. PLATT  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 45225 2. Name of Corporation J. P. Deliveries, Incorporated  
3. Street Address Principal Business Office 450 Saugataucket Road City Providence State RI Zip 02883  
4. Business Phone No. 783-4918 S. State of Incorporation RHODE ISLAND 6. SIC Code 2659

7. Brief Description of the Character of Business Conducted in Rhode Island  
#5538 Lessee of residential properties

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>Joseph Platt</u>	Vice President Name
Street Address <u>450 Saugataucket Road</u>	Street Address
City State Zip <u>Providence RI 02883</u>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>Joseph Platt</u>	Director Name
Street Address <u>450 Saugataucket Road</u>	Street Address
City State Zip <u>Providence RI 02883</u>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>NO PAR VALUE</u>	

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common No Par</u>	

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



\* 4 5 2 2 5 \*

File Date: 5-6-02  
Check No.: 6827  
By: [Signature]

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

[Signature] Date 7/30/02  
Signature of Officer  
JOSEPH PLATT  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **45225**      2. Name of Corporation **J. P. Deliveries, Incorporated**

3. Street Address Principal Business Office      City      State      Zip  
**450 SAUGATUCKET ROAD**      **PEACE DALE**      **RI**      **02883**

4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**(401) 783-4981**      **RHODE ISLAND**      **2659**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**WHOLESALE DISTRIBUTION OF FRUIT AND VEGETABLES**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>JOSEPH W. PLATT</b>	Vice President Name <b>JOSEPH W. PLATT</b>
Street Address <b>450 SAUGATUCKET ROAD</b>	Street Address <b>450 SAUGATUCKET ROAD</b>
City      State      Zip <b>PEACE DALE      RI      02883</b>	City      State      Zip <b>PEACE DALE      RI      02883</b>
Secretary Name <b>JOSEPH W. PLATT</b>	Treasurer Name <b>JOSEPH W. PLATT</b>
Street Address <b>450 SAUGATUCKET ROAD</b>	Street Address <b>450 SAUGATUCKET ROAD</b>
City      State      Zip <b>PEACE DALE      RI      02883</b>	City      State      Zip <b>PEACE DALE      RI      02883</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	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

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>100 NO PAR VAL</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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



\* 4 5 2 2 5 \*

**FILED**

File Date: \_\_\_\_\_  
 Check No. **FEB 07 2001**  
 By **06248**

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.

*Joseph W. Platt*      2-7-2001  
 Signature of Officer      Date

**JOSEPH W. PLATT**  
 Print or Type Name of Officer  
**PRESIDENT**  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **45225** 2. Name of Corporation **J. P. Deliveries, Incorporated**  
3. Street Address Principal Business Office **450 SAUGATUCKET ROAD** City **PEACE DALE** State **RI** Zip **02883**  
4. Business Phone No. **(401) 783-4981** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2659**  
7. Brief Description of the Character of Business Conducted in Rhode Island

Wholesale distribution of fruit and vegetables

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Joseph W. Platt</b> Street Address <b>450 Saugatucket Road</b> City <b>Peace Dale</b> State <b>RI</b> Zip <b>02883</b>	Vice President Name <b>Joseph W. Platt</b> Street Address <b>450 Saugatucket Road</b> City <b>Peace Dale</b> State <b>RI</b> Zip <b>02883</b>
Secretary Name <b>Joseph W. Platt</b> Street Address <b>450 Saugatucket Road</b> City <b>Peace Dale</b> State <b>RI</b> Zip <b>02883</b>	Treasurer Name <b>Joseph W. Platt</b> Street Address <b>450 Saugatucket Road</b> City <b>Peace Dale</b> State <b>RI</b> Zip <b>02883</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>100 NO PAR VAL</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

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



\* 4 5 2 2 5 \*

File Date: 1/6/00  
Check No.: 5619  
By: [Signature]

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.

[Signature] Date 1-5-2000  
Signature of Officer  
**Joseph W. Platt**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **45225** 2. Name of Corporation **J. P. Deliveries, Incorporated**

3. Street Address Principal Business Office **450 SAUGATUCKET ROAD** City **PEACE DALE** State **RI** Zip **02883**  
4. Business Phone No. **401-783-4981** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2659**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Wholesale distribution of fruit and vegetables**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Joseph W. Platt</b> Street Address <b>450 Saugatucket Road</b> City <b>Peace Dale</b> State <b>RI</b> Zip <b>02883</b>	Vice President Name <b>Joseph W. Platt</b> Street Address <b>450 Saugatucket Road</b> City <b>Peace Dale</b> State <b>RI</b> Zip <b>02883</b>
Secretary Name <b>Joseph W. Platt</b> Street Address <b>450 Saugatucket Road</b> City <b>Peace Dale</b> State <b>RI</b> Zip <b>02883</b>	Treasurer Name <b>Joseph W. Platt</b> Street Address <b>450 Saugatucket Road</b> City <b>Peace Dale</b> State <b>RI</b> Zip <b>02883</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>100 NO PAR VAL</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

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



File Date: Feb 16, 99  
Check No.: 9056  
By: [Signature]

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.

[Signature] 2/12/99  
Signature of Officer Date  
Joseph W. Platt  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **45225** 2. Name of Corporation **J. P. Deliveries, Incorporated**  
 3. Street Address Principal Business Office **450 Saugatucket Road** City **Peace Dale** State **RI** Zip **02883**  
 4. Business Phone No. **(401) 783-4981** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2659**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Wholesale distribution of fruit and vegetables**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name			Vice President Name		
<b>Joseph W. Platt</b>			<b>Joseph W. Platt</b>		
Street Address			Street Address		
<b>450 Saugatucket Road</b>			<b>450 Saugatucket Road</b>		
City	State	Zip	City	State	Zip
<b>Peace Dale</b>	<b>RI</b>	<b>02883</b>	<b>Peace Dale</b>	<b>RI</b>	<b>02883</b>
Secretary Name			Treasurer Name		
<b>Joseph W. Platt</b>			<b>Joseph W. Platt</b>		
Street Address			Street Address		
<b>450 Saugatucket Road</b>			<b>450 Saugatucket Road</b>		
City	State	Zip	City	State	Zip
<b>Peace Dale</b>	<b>RI</b>	<b>02883</b>	<b>Peace Dale</b>	<b>RI</b>	<b>02883</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name			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

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<b>100 NO PAR VAL</b>		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

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



\* 4 5 2 2 5 \*

File Date: 1-23-98  
 Check No.: 4373  
 By: [Signature]

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.

Joseph W. Platt 1/22/98  
 Signature of Officer Date

**Joseph W. Platt**

Print or Type Name of Officer

**President**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **45225** 2. Name of Corporation **J. P. Deliveries, Incorporated**  
 3. Street Address Principal Business Office City State Zip  
**450 Saugatucket Road Peace Dale RI 02883**  
 4. Business Phone No. 5. State of Incorporation 6. SIC Code  
**(401) 783-4981 RHODE ISLAND 2659**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Wholesale distribution of fruit and vegetables**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Joseph W. Platt</b> Street Address <b>450 Saugatucket Road</b> City State Zip <b>Peace Dale RI 02883</b>	Vice President Name <b>Joseph W. Platt</b> Street Address <b>450 Saugatucket Road</b> City State Zip <b>Peace Dale RI 02883</b>
Secretary Name <b>Joseph W. Platt</b> Street Address <b>450 Saugatucket Road</b> City State Zip <b>Peace Dale RI 02883</b>	Treasurer Name <b>Joseph W. Platt</b> Street Address <b>450 Saugatucket Road</b> City State Zip <b>Peace Dale RI 02883</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name	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

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100 NO PAR VAL</b>			<b>100</b>	<b>Common</b>	<b>No Par</b>

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



File Date: 2/28/97  
 Check No.: 3672  
 By: [Signature]

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.

[Signature] 2/26/97  
 Signature of Officer Date  
**Joseph W. Platt**  
 Print or Type Name of Officer  
**President**  
 Title of Officer

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO: 45225  
2 NAME OF CORPORATION: J. P. Deliveries, Incorporated  
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 450 Saugatucket Road  
CITY: Peace Dale STATE: RI ZIP CODE: 02883  
4 BUSINESS PHONE NO: (401) 783-4981  
5 STATE OF INCORPORATION: RHODE ISLAND  
6 SIC CODE: 2659  
7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: wholesale distribution of fruit and vegetables

**8. NAMES AND ADDRESSES OF THE OFFICERS**

PRESIDENT NAME			VICE PRESIDENT NAME		
Joseph W. Platt			Joseph W. Platt		
STREET ADDRESS			STREET ADDRESS		
450 Saugatucket Road			450 Saugatucket Road		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Peace Dale	RI	02883	Peace Dale	RI	02883
SECRETARY NAME			TREASURER NAME		
Joseph W. Platt			Joseph W. Platt		
STREET ADDRESS			STREET ADDRESS		
450 Saugatucket Road			450 Saugatucket Road		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Peace Dale	RI	02883	Peace Dale	RI	02883

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

**10. SHARES AUTHORIZED AND ISSUED**

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100	NO PAR VAL		100	Common	No Par Val

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 1/5/96  
Check No: 3002  
By: [Signature]

Signature of Officer: [Signature]  
Joseph W. Platt  
Print or Type Name of Officer  
President  
Date: 1/5/96 [Signature]

For Secretary of State Use Only



**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0045995 Annual Report for the year: 1995

Name of Corporation: J. P. Deliveries, Incorporated

Business entity organized under the laws of the State of: RI  
 For foreign entity, address and telephone number of principal office:  
 Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
450 Saugatucket Road  
Peace Dale, RI 02883  
 Phone: ( 401 ) 783-4981  
 Brief statement of the character of business conducted in Rhode Island:  
wholesale distribution of fruit  
and vegetables

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>Joseph W. Platt, 450 Saugatucket Road, Peace Dale, RI</u>	<u>02883</u>	
VICE PRESIDENT	<u>Joseph W. Platt, 450 Saugatucket Road, Peace Dale, RI</u>	<u>02883</u>	
SECRETARY	<u>Joseph W. Platt, 450 Saugatucket Road, Peace Dale, RI</u>	<u>02883</u>	
TREASURER	<u>Joseph W. Platt, 450 Saugatucket Road, Peace Dale, RI</u>	<u>02883</u>	

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares <u>100</u> Class / Series <u>Common</u>	Number of Shares <u>100</u> Class / Series <u>Common</u>

Date 12/20 19 94  
 By: Joseph W. Platt  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
 TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOSEPH WILLIAM PLATT  
 450 SAUGATUCKET ROAD  
 PEACE DALE RI 02883

SC/CK #2379

Filing Fee \$50.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept 1 - Nov 1  
CORP: Jan 1 - March 1

Corporate ID: 0045225 Annual Report for the year: 1994

Name of Business Entity: J. P. Deliveries, Incorporated

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

\_\_\_\_\_

Phone ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

450 Saugatucket Road  
Peace Dale, RI 02883

Phone ( 401 ) 783-4981

Business Entity is (check one)  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)  
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Joseph W. Platt  
J.P. Deliveries, Inc.  
450 Saugatucket Road  
Peace Dale, RI 02883

Brief statement of the character of business conducted in Rhode Island:  
wholesale distribution of fruit  
and vegetables

Date of Organization: 12/14/87

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (OR CEO)	Joseph W. Platt	450 Saugatucket Road, Peace Dale, RI	02883	
<input checked="" type="checkbox"/> VICE PRESIDENT (OR COO)	Joseph W. Platt	450 Saugatucket Road, Peace Dale, RI	02883	
<input checked="" type="checkbox"/> SECRETARY (OR CFO)	Joseph W. Platt	450 Saugatucket Road, Peace Dale, RI	02883	
<input type="checkbox"/> TREASURER (OR CONTROLLER)	Joseph W. Platt	450 Saugatucket Road, Peace Dale, RI	02883	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>100</u>	NUMBER <u>100</u>
CLASS <u>Common</u>	CLASS <u>Common</u>
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>No par</u>	PAR VALUE OR WITHOUT PAR <u>No par</u>

Date: 2-28 19 94 By: Joseph W. Platt  
\_\_\_\_\_  
JOSEPH W. PLATT  
PRESIDENT

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered or office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

JOSEPH WILLIAM PLATT  
450 SAUGATUCKET ROAD  
PEACE DALE RI 02883

MAR 12 1994  
KEL 1462

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0045225 Annual Report for the year 1992

FIRST: The name of the corporation is J. P. Deliveries, Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is wholesale distribution of fruit and vegetables

FOURTH: If foreign corporation, address of its principal office N/A 904/323

FIFTH: Business address in Rhode Island 450 Saugatucket Road, Peace Dale, RI 02883

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
N/A	Director	
N/A	Director	
N/A	Director	
Joseph William Platt	President	450 Saugatucket Road, Peace Dale, RI 02883
Joseph William Platt	Vice President	450 Saugatucket Road, Peace Dale, RI 02883
Joseph William Platt	Secretary	450 Saugatucket Road, Peace Dale, RI 02883
Joseph William Platt	Treasurer	450 Saugatucket Road, Peace Dale, RI 02883

SEVENTH: Number of Shares authorized:

No. of Shares	Class
100	Common

Par Value  
or statement that  
shares are without  
par value  
No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	Common

Par Value  
or statement that  
shares are without  
par value  
No par value

PAID  
FEB 19 1993  
SECY OF STATE

Dated February 16 19 92

J.P. Deliveries, Incorporated  
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

SM # 849

Corporate ID 0145305 Annual Report for the year 1992

FIRST: The name of the corporation is J. P. Deliveries, Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is wholesale distribution of fruit and vegetables

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 450 Saugatucket Road, Peace Dale, RI 02883

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>N/A</u>	<u>Director</u>	<u></u>
<u>N/A</u>	<u>Director</u>	<u></u>
<u>N/A</u>	<u>Director</u>	<u></u>
<u>Joseph William Platt</u>	<u>President</u>	<u>450 Saugatucket Road, Peace Dale, RI 02883</u>
<u>Joseph William Platt</u>	<u>Vice President</u>	<u>450 Saugatucket Road, Peace Dale, RI 02883</u>
<u>Joseph William Platt</u>	<u>Secretary</u>	<u>450 Saugatucket Road, Peace Dale, RI 02883</u>
<u>Joseph William Platt</u>	<u>Treasurer</u>	<u>450 Saugatucket Road, Peace Dale, RI 02883</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class
<u>100</u>	<u>Common</u>

Series  
**PAID**

Par Value  
or statement that  
shares are without  
par value

No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
<u>100</u>	<u>Common</u>

Series  
**SECY OF STATE**

Par Value  
or statement that  
shares are without  
par value

No par value

Dated February 5 19 92

J.P. Deliveries, Incorporated

(Name of Corporation)

By Joseph A. Platt

Title Title

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

January 1st and March 1st

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

SM # 885

Corporate ID 0045225 Annual Report for the year 1991

FIRST: The name of the corporation is J. P. Deliveries, Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is wholesale distribution of fruit and vegetables.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 450 Saugatucket Road, Peace Dale, RI 02883

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Table with 3 columns: Name, Office, Address (including number, street, zip code). Rows include N/A and Joseph William Platt as Director, President, Vice President, Secretary, and Treasurer.

SEVENTH: Number of Shares authorized:

Table with 4 columns: No. of Shares, Class, Series, Par Value or statement that shares are without par value. Row: 100, Common, PAID MAR 02 1992, No par value.

EIGHTH: Number of Shares issued:

Table with 4 columns: No. of Shares, Class, Series, Par Value or statement that shares are without par value. Row: 100, Common, SECY OF STATE, No par value.

Dated 2/28 1992

J. P. Deliveries, Incorporated (Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0045225 Annual Report for the year 1990

FIRST: The name of the corporation is J. P. Deliveries, Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is wholesale distribution of fruit and vegetables.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 450 Saugatucket Road, Peace Dale, RI 02883

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>N/A</u>	<u>Director</u>	<u></u>
<u>N/A</u>	<u>Director</u>	<u></u>
<u>N/A</u>	<u>Director</u>	<u></u>
<u>Joseph William Platt</u>	<u>President</u>	<u>450 Saugatucket Road, Peace Dale, RI 02883</u>
<u>Joseph William Platt</u>	<u>Vice President</u>	<u>450 Saugatucket Road, Peace Dale, RI 02883</u>
<u>Joseph William Platt</u>	<u>Secretary</u>	<u>450 Saugatucket Road, Peace Dale, RI 02883</u>
<u>Joseph William Platt</u>	<u>Treasurer</u>	<u>450 Saugatucket Road, Peace Dale, RI 02883</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class
<u>100</u>	<u>Common</u>

PAID

FEB 15 1991

SECY. OF STATE

Par Value  
or statement that  
shares are without  
par value

No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
<u>100</u>	<u>Common</u>

Par Value  
or statement that  
shares are without  
par value

No par value

Dated 2/13 1990

J. P. Deliveries, Incorporated  
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0045225

Annual Report for the year 1989

FIRST: The name of the corporation is J. P. Deliveries, Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is wholesale distribution of fruit  
and vegetables.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 450 Saugatucket Road, Peace Dale, RI 02883

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
N/A	Director	
N/A	Director	
N/A	Director	
Joseph William Platt	President	450 Saugatucket Rd., Peace Dale, RI 02883
Joseph William Platt	Vice President	450 Saugatucket Rd., Peace Dale, RI 02883
Joseph William Platt	Secretary	450 Saugatucket Rd., Peace Dale, RI 02883
Joseph William Platt	Treasurer	450 Saugatucket Rd., Peace Dale, RI 02883

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

Dated 5/19/89 19

J. P. Deliveries, Incorporated

(Name of Corporation)

By Joseph Platt

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL 100 N. main St.  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0045225 Annual Report for the year 1988

FIRST: The name of the corporation is J. P. Deliveries, Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is wholesale distribution of fruit and vegetables.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 450 Saugatucket Road, Peace Dale, RI 02883

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
N/A	Director	
N/A	Director	
N/A	Director	
Joseph William Platt	President	450 Saugatucket Rd., Peace Dale, RI 028
Joseph William Platt	Vice President	450 Saugatucket Rd., Peace Dale, RI 028
Joseph William Platt	Secretary	450 Saugatucket Rd., Peace Dale, RI 028
Joseph William Platt	Treasurer	450 Saugatucket Rd., Peace Dale, RI 028

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

Dated 5/23 1988

J.P. Deliveries, Incorporated

(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)