



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Corporation

2019 JUN -7 AM 9:45

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entry ID Number 93922		2. Exact name of the Corporation MIDDLE-ACRES CRANBERRY, INC			
3. Principal Office Address 1057 CRANDALL ROAD		City TIVERTON		State RI	Zip 02878
4. NAICS Code 111334		6. Brief description of the character of business conducted in Rhode Island OPERATION CRANBERRY BOG			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DANA LEBREUX			Vice-President Name None		
Street Address 1057 CRANDALL ROAD			Street Address		
City TIVERTON		State RI	Zip 02878		
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City		State	Zip		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DANA LEBREUX			Director Name		
Street Address 1057 CRANDALL ROAD			Street Address		
City TIVERTON		State RI	Zip 02878		
Director Name			Director Name		
Street Address			Street Address		
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	
		100	COMMON	NO PAR	
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 DANA LEBREUX				Date 6/5/19	
Signature of Authorized Representative <i>Dana Lebreux</i>			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

FILED ✓
 JUN 07 2019 9:45

BY CA 304VJ