



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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2019 JUL 18 AM 11:03

1. Entity ID Number <b>001654167</b>		2. Exact name of the Corporation <b>Maximum Quality Foods, Inc.</b>			
3. Principal Office Address <b>3351 Tremley Point Road</b>		City <b>Linden</b>		State <b>NJ</b>	Zip <b>07036</b>
4. NAICS Code <b>424990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Wholesale food distribution</b>			
5. State of Incorporation <b>NJ</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Gary Roccaro</b>			Vice-President Name <b>none</b>		
Street Address <b>3351 Tremley Point Road</b>			Street Address		
City <b>Linden</b>	State <b>NJ</b>	Zip <b>07036</b>	City	State	Zip
Secretary Name <b>none</b>			Treasurer Name <b>none</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>none</b>			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>62,500</b>	CLASS/SERIES <b>common stock</b>	PAR VALUE <b>0</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Gary Roccaro</b>				Date <b>7-15-19</b>	
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

11:05  
**FILED**  
 JUL 18 2019  
 BY STYAC