



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

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2019 SEP 18 A 10:49

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.

1. Entity ID Number <u>001688221</u>		2. Exact name of the Corporation <u>SNACK EDGE INC.</u>												
3. Principal Office Address <u>27 RIDGEWOOD RD</u>			City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>									
4. NAICS Code <u>492210</u>		6. Brief description of the character of business conducted in Rhode Island <u>DELIVERY OF SNACKS TO SUPERMARKETS</u>												
5. State of Incorporation <u>RI</u>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <u>WALTER E EDGE III</u>			Vice-President Name <u>NA</u>											
Street Address <u>27 RIDGEWOOD RD</u>			Street Address											
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip									
Secretary Name <u>Walter E Edge III</u>			Treasurer Name <u>WALTER E EDGE III</u>											
Street Address <u>Same</u>			Street Address <u>SAME</u>											
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			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 <u>1000</u>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>NONE</u></td> <td><u>COMMON</u></td> <td><u>.01</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>NONE</u>	<u>COMMON</u>	<u>.01</u>			
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<u>NONE</u>	<u>COMMON</u>	<u>.01</u>												
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 <u>Walter E Edge III</u>					Date <u>8/20/19</u>									
Signature of Authorized Representative <u>Walter E Edge III</u>														

FILED

SEP 18 2019

BY AMR9