



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

**Annual Report for the year: 2018**  
**Corporation**

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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 FEB -3 PM 3:34

1. Entity ID Number <b>000937917</b>		2. Exact name of the Corporation <b>APR DISTRIBUTORS INC</b>			
3. Principal Office Address <b>257 DOVER AVE</b>		City <b>EAST PROVIDENCE</b>		State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>484110</b>		6. Brief description of the character of business conducted in Rhode Island <b>BREAD DELIVERY</b>			
5. State of Incorporation <b>RHODE ISLAND</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>RICHARD CARNEIRO</b>			Vice-President Name <b>ALEXANDRIA CARNEIRO</b>		
Street Address <b>257 DOVER AVE</b>			Street Address <b>257 DOVER AVE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>RICHARD CARNEIRO</b>			Treasurer Name <b>PAULA ARUJO</b>		
Street Address <b>256 DOVER AVE</b>			Street Address <b>257 DOVER AVE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
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			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	CNP	0
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 <b>RICHARD CARNEIRO</b>				Date <b>12/10/2019</b>	
Signature of Authorized Representative <span style="float: right; font-size: 2em; font-weight: bold; border: 1px solid black; padding: 2px;">FILED</span>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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BY apb JT9K8 FORM 630 - Revised: 10/2017