



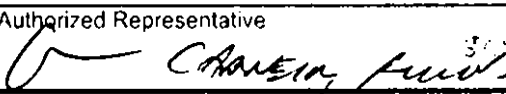
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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BUS SVCS DIV

2020 FEB -3 PM 3:34

1. Entity ID Number 000937917		2. Exact name of the Corporation APR DISTRIBUTORS INC			
3. Principal Office Address 257 DOVER AVE		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 484110	6. Brief description of the character of business conducted in Rhode Island BREAD DELIVERY				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name RICHARD CARNEIRO			Vice-President Name ALEXANDRIA CARNEIRO		
Street Address 257 DOVER AVE			Street Address 257 DOVER AVE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name RICHARD CARNEIRO			Treasurer Name PAULA ARUJO		
Street Address 256 DOVER AVE			Street Address 257 DOVER AVE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name NONE			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 Check the box to indicate an attachment: <input type="checkbox"/>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		CNP		0	
Changes require an additional filing.					
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 RICHARD CARNEIRO					Date 12/10/2019
Signature of Authorized Representative 					

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 JPB JT9K8 **FILED** FORM 630 - Revised: 10/2017