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

2020 FEB 18 P 1:46

STAMP

Annual Report for the year: 2020
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 127569		2. Exact name of the Corporation IZZO BROS. FARM, INC.			
3. Principal Office Address 2141 Plainfield Pike			City Johnston	State RI	Zip 02919
4. NAICS Code 562998		6. Brief description of the character of business conducted in Rhode Island To buy, sell, export and import, to raise and produce all kinds of farm and garden products and foods prepared therefrom to conduct and operate greenhouses, farms, dairies and ranches.			
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 Carlo J. Izzo			Vice-President Name Carlo J. Izzo		
Street Address 2141 Plainfield Pike			Street Address 2141 Plainfield Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Carlo J. Izzo			Treasurer Name Carlo J. Izzo		
Street Address 2141 Plainfield Pike			Street Address 2141 Plainfield Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Carlo J. Izzo			Director Name None		
Street Address 2141 Plainfield Pike			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name None			Director Name None		
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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		Common
					PAR VALUE
					No Par Value
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 Carlo J. Izzo					Date 2/18/2020
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

FILED

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FORM 630 - Revised: 10/2017