



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

APR 03 2020

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.

BY

116

1. Entity ID Number 001699630		2. Exact name of the Corporation Rizzo Farms Inc.			
3. Principal Office Address 524 Tourtellot Hill Road			City Chepachet	State RI	Zip 02814
4. NAICS Code 112910	6. Brief description of the character of business conducted in Rhode Island Engaged in raising bees, collecting and gathering honey and/or other bee products.				
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 Kevin J. Shea Jr.			Vice-President Name		
Street Address 524 Tourtellot Hill Road			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Secretary Name Kevin J. Shea Jr.			Treasurer Name Kevin J. Shea Jr.		
Street Address 524 Tourtellot Hill Road			Street Address 524 Tourtellot Hill Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Kevin J. Shea Jr.			Director Name		
Street Address 524 Tourtellot Hill Road			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 Kevin J. Shea Jr.				Date 1/22/2020	
Signature of Authorized Representative 				SIGN 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