

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Durision 109 North Main Street Providence RI 02903-1335 401 222 3040

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

Gorporate ID No. 97072	2 Name of Corporate STAMP EGG I						
Sieve Address Principal Bi 816 Green	ville Avenue		Tohnston	State R I	2φ 02919		
Business Phone No. 22	•	5 State of Incorporation	un ·	· · · · · · · · · · · · · · · · · · ·			
1-401-949-	3600	RHODE ISLAN	D		2618		
Brief Des. ription of the Ch.	area or of Business Contracted (n Rie de Island ALL AGRICULTURAL L	IVESTOCKAND FOOD PRODU	CTS.			
	ESSES OF THE OFFICER	RS: ("X" BOX FOR AT	. —	SPACES BEFORE USIN	G ATTACHMENTS		
resident Name			Vice President Name				
<u>Robert Sta</u>	<u>u</u> mp		Patricia S	tamp			
sinci address 816 Greenville Avenue			Street Address				
315 GREENU	· · · · · · · · · · · · · · · · · · ·			ille Avenue	1 20.		
Johnston	State R I	1.p	Cay TAUNGTON	State	Zip		
J ONN S CON iccretary Name	JK.I		J.Q.H.N.S.T.Q.N	I	I0.2.9.1.9		
Patricia Stamp				Robert Stamp			
Street Address			Street Address	итр			
816 Greenville Avenue			816Greenville Avenue				
Sty.	State	Zip	City	State	Zφ		
Johnston	RI	02919	Johnston	RI	02919		
hrector Name	ESSES OF THE DIRECT	ORS: ("X" BOX FOR A	ATTACHMENT) FILL IN Director Name	N SPACES/BEFORE US	ING ATTACHMENT		
treet Address			Street Address				
Jil)	State	Zip	City	State	Ζιφ		
Proctor Name	······J	•••••	Director Name	Director Name			
itreet Address			Street Address				
lige	Stair	21 <i>j</i> :	City	State	Zıp		
O. SHARES AUTHOR	IZED ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTAC	HMENT)		
Number of Shares	Aass Series	Par Value	Number of Shares	Class Series	Par Value		
1,000 \$1.00 PAR VALUE		196	Common	\$1.00			
This report mu	ist be signed in ink by e	ither the President, Vic	e President, Secretary, Assista	nt Secretary, Treasurer.	. Receiver or Truste		
	-	I					

File Date	1/10/05	
Check No	3746	
By:	D	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that neluding any astrompanying schedules and stater	t I have examined this report,
contained herein are trife and exclusive.	i/4/05
Robert Sharp	batel
Print or Type Name of Officer	
Title of Officer	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222,3040

	ROFIT COR	PORATION AN	NUAL REPORT	FOR THE YEAR	₹2004
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Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2 Name of Corporation 97072 STAMP EGG FARMS, INC 3 Street Address Principal Business Office State <u>816 Greenville</u> Inhnaton 0.2919 4. Business Phone No. 5. State of Incorporation 6. SIC Code 1-401-949-3600 RHODE ISLAND 2618 7. Brief Description of the Character of Business Conducted in Rhode Islan PRODUCE, BUY, SELL, GROW, PROCESS ALL AGRICULTURAL LIVESTOCKAND FOOD PRODUCTS. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name <u>Robert Stamp</u> <u>Patricia Stamp</u> Street Address Street Address 816 Greenville Avenue 816 Greenville Avenue City State Zip 02919 Johnston Johnston 02919 Secretary Name Treasurer Name Patricia Stamp Robert Stamp Since Address Street Address 816 Greenville Avenue 816 Greenville Avenue City City Zip 7.ip State 02919 RI Jonston 02919 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address State 7.1p Director Name Street Address Street Address CHY State 7.ip State Zip10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 196 Common \$1.00 1,000 \$1.00 PAR VALUE This report must be signed in ink by either the President. Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any acrompanying sepecules and statements, and that all statements contained hereiff are true nd d File Date Signature of Affice FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III. Secretary of State Corporation: Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

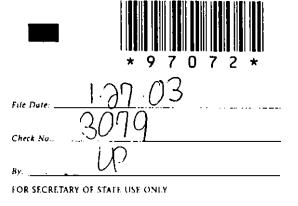
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PELASE READ INSERUCTIONS

FORM MUST BE TYPED OR PRINTEL	D IN BLACKI				
1. Corporate ID No.	2. Name of Corporati	ion			
97072	STAMP EGG	FARMS, INC.			
3 Street Address Principal Business Of			City	State	Ζιρ
816 Greenville 4 Business Phone No.	2 Avenue	5. State of Incorporation	Johnston	RI	8 2919 6. SIC Code
1 - 401 - 949 - 3600 7. Brief Description of the Character of		RHODE ISLAND			2618
Produce and di 8. NAMES AND ADDRESSI President Name	Stribute ES OF THE OFFIC	agricultural a CERS ("x" BOX FOR ATTACH	nd food products. MENT) FILL IN SPACES BEF Vice President Name	ORE USING ATTA	CHMENTS
Robert Stamp Street Address			Patricia Stamp Street Address		
816 Greenville	2 Avenue		816 Greenville	Avenae	
Johnston	State R I	02919	Johnston	State R I	Ö'2919
Secretary Name			Treasurer Name		
William Stamp			Robert Stamp		
Street Address 875 Greenville	2 Avenue		Street Address 816 Greenville	Avenue	
Johnston ()	State R I	^{''p} 02919	Johnston	State R I	ő ² 2919
9. NAMES AND ADDRESSI Director Name	ES OF THE DIRE	CTORS ("x" box for attac	CHMENT) FILL IN SPACES B Director Name	EFORE USING ATT	ACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	ICHMENT)	11. SHARES ISSUED ("X" E	BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Senes	Par Value
1,000 \$1.00 PAR VALUE			196		1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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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.

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Ferm 630 12/02

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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Filing Period: Janua	ary 1-March 1 🕟	Filing Fee: \$50.00	OKI IOK III	L II.AR	- -
GORM MUST BE LYPED IN		•			100
1 in our mate ID No.	2. Name of Corpora	tion			
97072	STAMP EGG	FARMS, INC.			
1 Street Address Principal Bush			City	N. 179	70e
* Pasan Cathering	ille Avenue	S. Mate of Imaggreening	Johnston	RI	02919
1 = 401 = 949 = 3 Frust Description of the Chard	3600 actor of Business Conducted in	RHODE ISLAND			2618
Produce and	d distributo	agricultural.	and food produc	こだる。 BEFORE USING ATTA	CHMENTS
			Version whom Name		CHARATA
Barbara Sto	·		Robert Stamp	9	
an 875 Greenvi	ille Avenue	•	816 Greenvil	lle Avenuc	
Johnston	RI	02919	Johnston	State R1	02919
ectelaty Name	• •		Hastiver Name	N I	02717
Barbara Sta	ттр		Robert Stamp		
875 Greenvi	lle Avenue		816 Greenvill	o Avenue	
· · ·	Mete	Zie	n:	21.00	I te
Johnston L NAMES AND ADDRO	RI ESSES OF THE INDE	02919	Johnston	RI	0291
Security Name	esses on the DIKE	CTORS ("X" BOX FOR ATTAC	CHMINT) FILL IN SPACE Director Nume	ES BEFORE USING ATT	ACHMENTS
tt vit Audress			Micel Sädres		
rtv	State	%ct	r the	Nate	e in
Heclin Name			Parector Name		***
tert Address			Street Address		
·'s	State	711	Cur	State	Zep
D. SHARES AUTHORIZ	ED (**** BOX FOR ATTAČ	HMENT)	11. SHARES ISSUED e.	X* BOX FOR ÄTTACHMENT	
om er ir Snargs	Cadata serges	Par Value	SSOND SHARTS Number of Graves	Class/Series	Par Value
1,000 \$1.00 PAR VALUE	i		196	common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



'Ec Date	1-7-02
Chick No.	2707
BONGELEAN	ORY OF STATE AS E ONLY

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.

Balance J. Starp — 13/02—

Synator of times

Contained to Office — STAMP—

The Name of Office — The Starp —

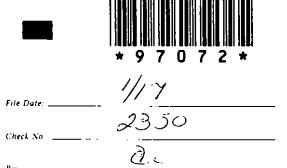
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PHASE READ INSTRECTIONS

FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No	2 Name of Corporati	ดม	•		`
97072		FARMS, INC.			
3 Street Address Principal Busines	s Office		City	State	Ζιp
816 Greenvil 4. Business Phone No	le Avenue	5 State of Incorporation	Johnston,	R.I.	02919 6. SIC Code
949 – 3600 7. Brief Description of the Characti	er of Business Conducted in	RHODE ISLAND Rhode Island			2618
Produce and = 8. NAMES AND ADDRES President Name	sell all ty, sses of the offic	pes of food pro ERS ("X" BOX FOR ATTACHS	O d u C える (ENT) - FILL IN SPACES BE - Vice President Name	FORE USING ATTAC	HMENTS
Barbara T. S Street Address	tamp		Robert A. Star Street Address	mp	
_{cay} 875 Greenvil	Le Avenue	Z:p	816 Greenvill	e Avenue	7 rp
Johnston Secretary Name	R.I.	02919	Johnston Treasurer Name	R.I.	02919
Barbara T. S Street Address	tamp		Robert A. Stal	mþn	
875 Greenvil	le Avenue		816 Greenvill	e Avenue	
City	Stare	Zip	City	State	Zip
Johnston,	R.I.	02919	Johnston,	R.I.	02919
9. NAMES AND ADDRE: Director Name	SSES OF THE DIREC	CTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
Barbara T. street Address	Stamp		Robert A	Stamp	
875 Greenvi	lle Avenue		816 Greenv.	ille Avenue	
Cuy	State	Zip	City	State	Z:p
Johnston Duector Name	R.I.	02919	Johnston Director Name	R.I.	02919
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10. SHARES AUTHORIZI	ED ("x" box for attac	CHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)
Number of Shares 196-1	, O O'Ouss/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 \$1.00 PAR	•				

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all stylements contained wherein are true and correct.

Signature or Officer Dute Than O

Print or Type Name of Orgen

Title of Officer



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

100 North Main Street, Providence, RI 02903-1335 401-222-3040



1. Carpo	rate ID No.	2. Name of Corporation					_
	97072	STAMP EGG F	ARMS, INC.				
3. Street	Address Principal Business Off	Tice .		City		State	ZIp
	818 Greenville	. Avenue		Jo	hnston	RI	02919
4. Busin	ess Phone No.		5. State of Incorporation				6. SIC Code
	401-949-3600		RHODE ISLAND				2618
7. Brief l	Description of the Character of						
			cultural and foo		ducts.		
8. NA Presiden		S OF THE OFFICER	RS ("X" BOX FOR ATTACHN		FILL IN SPACES BEFO sident Name	RE USING ATTACHME	NTS
Street Au	Barbara Stamp			Street Ai	Robert A. Stamp)	
City	875 Greenville	Avenue	Zip	City	816 Greenville	Avenue	Zip
,	Johnston	RI	~~02919	City	Johnston	RI	02919
Secretary	v Name			Treasure	r Name		
Street As	Barbara Stamp			Street A	Robert A. Star	mp	
	same as above		•		same as above		
City		State	Zip	City		State	Zip
9. NA Director	Name	S OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) Director	Name	FORE USING ATTACHM	IENTS
				311661 71	au(+))		
City		State	Zip	City		State	Zip
Director	Name			Director	Name		
Street Ac	ddress			Street A	ddress		
City		State	Zip	City		State	Zip
	HARES AUTHORIZED	("X" BOX FOR ATTACHI	MENT)	II. SE	IARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
Number	of Shares	Class/Series	Par Value	Number	of Shares	Class/Series	Par Value
1,0	000 \$1.00 PAR V	ALUE			196	common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

* 9 7 0 7 2 * 1/12/66	File Date: .
heck No :	Check No : _
r:	Ву:
OR SECRETARY OF STATE USE ONLY	FOR SECRET

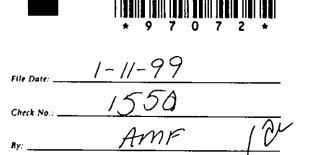
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true, and correct. Just Wate Signature of Officer BARBARA STAMP Print or Type Name of Officer



James R. Langevin. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROP Filing Pa	II CORPO	UKAIIUN 1-March 1 • .	ANNUAL REP Filing Fee: \$50.00	ORI FOR TE	IE YEAR 19:	PILASI
	T BE TYPED IN BLAC	CK)				
1. Corporate l	יא ס. 97072	2. Name of Corporation STAMP EGG	FARMS, INC.			
3. Street Addr	ess Principal Business (Office		City	State	Zip
1. Business Pl		ille Avenue	5. State of Incorporation	Johnston	RI	02919 6. SIC Code
7. Brief Descri	949–3600 Iption of the Character	of Business Canducted In	RHODE ISLAND			
8. NAMES	S AND ADDRESS		agricultural and ERS (*x* BOX FOR ATTACHN		S BEFORE USING ATTA	CHMENTS
Street Address	Barbara St	атр		Robert A. Sta	qme	
C	875 Greenv	ille Avenue		816 Greenvil		
City	~ 1.	State	Zip	City	State	Zip
Secretary Nam		RI	02919	Johnston Treasurer Name	RI	02919
Street Address	Barbara St	amp		Robert A. St	tamp	
	same as ab	=		same as abov	<i>r</i> e	
City		State	Zip	City	State	Zip
9. NAMES Director Name		ES OF THE DIREC	CTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPA	CES BEFORE USING ATT	TACHMENTS
itreet Address				Street Address		
City		State	Zip	City	State	Zip
Director Name	•			Director Name	• • • • • • •	•
Street Address				Street Address		
Sity		State	Zip	City	State	Zip
IO. SHARE) ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	 T)
Number of Sho	ares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 \$	1.00 PAR VAL	UE		196	common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

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.

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-30-10

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January	1-March 1 •	Filing Fee: \$50.00			INSERULTIONS	
FORM MUST BE TYPED IN BLA	ICK)					
1 Corporate ID No.	2. Name of Corpora	tion				
97072	STAMP	EGG FARMS, IN	C.			
3. Street Address Principal Business		,	City	State	Zip	
816 Greenvill	le Avenue		Johnston	RI	02919	
4 Business Phone No.		5. State of Incorporation			6. SIC Code	
		Rhode Is	land			
7 Brief Description of the Characte livestock and family 8. NAMES AND ADDRES	food produc	ts and any oth	er lawful purp	row, Process ose	of Argricultura	
President Name			Vice President Name			
Barbara T. ST	Camp		Robert A. S	tamp		
875 Greenvill	le Ave		816 Greenvi	lle Ave		
City	State	Zip	City	State	Zip	
Johnston	RI	02919	Johnston	RI	02919	
Secretary Name			Treasurer Name			
Barbara T. St	атр		Robert A. S	tamp		
875 Greenvil	le Ave	Zip	816 Greenvi	lle Ave	Zip	
Johnston	RI	02919	Johnston	RT	02919	
9. NAMES AND ADDRES				N1	02317	
Street Address			Street Address			
City	State	Zip	City	State	Ζιρ	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZE	ED ("X" BOX FOR ATT	ACHMENT) -	11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	T)	
AUTHORIZED SHARES			ISSUED SHARES			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

100

File Date: 98
Check No.
By.
FOR SECRETARY OF STATE USE ONLY

Class/Series

1000 \$1.00 par value

Par Value

Number of Shares

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Class/Series

\$1.00 par value

Par Value

Barbara T. Stamp

Print or Type Name of Officer

President

Title of Officer

Signature of Officer