



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 97072		2. Name of Corporation STAMP EGG FARMS, INC.			
3. Street Address Principal Business Office 816 Greenville Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 1-401-949-3600		5. State of Incorporation RHODE ISLAND			6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island PRODUCE, BUY, SELL, GROW, PROCESS ALL AGRICULTURAL LIVESTOCK AND FOOD PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert Stamp			Vice President Name Patricia Stamp		
Street Address 816 Greenville Avenue			Street Address 816 Greenville Avenue		
City Johnston	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name Patricia Stamp			Treasurer Name Robert Stamp		
Street Address 816 Greenville Avenue			Street Address 816 Greenville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
1,000 \$1.00 PAR VALUE			196	Common	\$1.00

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



File Date	1/10/05
Check No.	3746
By:	W.
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.

Signature of Officer

Print or Type Name of Officer

Title of Officer

Date



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 97072		2. Name of Corporation STAMP EGG FARMS, INC.			
3. Street Address Principal Business Office 816 Greenville			City Johnston	State RI	Zip 02919
4. Business Phone No. 1-401-949-3600		5. State of Incorporation RHODE ISLAND			6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island PRODUCE, BUY, SELL, GROW, PROCESS ALL AGRICULTURAL LIVESTOCK AND FOOD PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert Stamp			Vice President Name Patricia Stamp		
Street Address 816 Greenville Avenue			Street Address 816 Greenville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Patricia Stamp			Treasurer Name Robert Stamp		
Street Address 816 Greenville Avenue			Street Address 816 Greenville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 \$1.00 PAR VALUE			196	Common	\$1.00

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



* 9 7 0 7 2 *

File Date	FILED
Check No.	JAN 05 2004
By:	By [Signature]
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.

Signature of Officer **[Signature]** Date **12/31/03**
Print or Type Name of Officer **Robert A Stamp**
Title of Officer **Pres.**



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

Edward S. Inman, III, Secretary of State
Corporations 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

(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

City

State

Zip

816 Greenville Avenue

Johnston

RI

02919

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 Island

Produce and distribute agricultural and food products.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Robert Stamp

Patricia Stamp

Street Address

Street Address

816 Greenville Avenue

816 Greenville Avenue

City Johnston State RI Zip 02919

City Johnston State RI Zip 02919

Secretary Name

Treasurer Name

William Stamp

Robert Stamp

Street Address

Street Address

875 Greenville Avenue

816 Greenville Avenue

City Johnston State RI Zip 02919

City Johnston State RI Zip 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

City State Zip

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series 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



* 9 7 0 7 2 *

File Date: 1-27-03

Check No.: 3079

By: UP

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.

Signature of Officer: William M Stamp Date: 1/16/03

Print or Type Name of Officer: William M Stamp

Title of Officer: Secretary

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLACK

1. Corporate ID No.

97072

2. Name of Corporation

STAMP EGG FARMS, INC.

3. Street Address Principal Business Office

816 Greenville Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

1-401-949-3600

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2618

7. Brief Description of the Character of Business Conducted in Rhode Island

Produce and distribute agricultural and food products.

8. NAMES AND ADDRESSES OF THE OFFICERS (X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Barbara Stamp

Street Address

816 Greenville Avenue

City

Johnston

State

RI

Zip

02919

Secretary Name

Barbara Stamp

Street Address

816 Greenville Avenue

City

Johnston

State

RI

Zip

02919

Vice President Name

Robert Stamp

Street Address

816 Greenville Avenue

City

Johnston

State

RI

Zip

02919

Treasurer Name

Robert Stamp

Street Address

816 Greenville Avenue

City

Johnston

State

RI

Zip

02919

9. NAMES AND ADDRESSES OF THE DIRECTORS (X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 \$1.00 PAR VALUE

11. SHARES ISSUED (X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

196

common

\$1.00

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



* 9 7 0 7 2 *

File Date: 1-7-02

Check No.: 2707

By: [Signature]

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.

Barbara T Stamp 1/3/02
Signature of Officer Date

BARBARA T. STAMP
Print or Type Name of Officer

PRES.
Title of Officer

Form 630 (2001)



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No **97072** 2. Name of Corporation **STAMP EGG FARMS, INC.**

3. Street Address Principal Business Office **816 Greenville Avenue** City **Johnston,** State **R.I.** Zip **02919**
4. Business Phone No **949-3600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island

Produce and-sell all types of food products

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Barbara T. Stamp Street Address 875 Greenville Avenue City Johnston State R.I. Zip 02919	Vice President Name Robert A. Stamp Street Address 816 Greenville Avenue City Johnston State R.I. Zip 02919
Secretary Name Barbara T. Stamp Street Address 875 Greenville Avenue City Johnston, State R.I. Zip 02919	Treasurer Name Robert A. Stamp Street Address 816 Greenville Avenue City Johnston, State R.I. Zip 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Barbara T. Stamp Street Address 875 Greenville Avenue City Johnston State R.I. Zip 02919	Director Name Robert A. Stamp Street Address 816 Greenville Avenue City Johnston State R.I. Zip 02919
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares ~~100~~ **1,000** Class/Series Par Value

1,000 \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES **196**

Number of Shares Class/Series Par Value

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



* 9 7 0 7 2 *

File Date: 1/17

Check No: 2350

By: Robert Stamp

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.

Robert Stamp 1/13/01
Signature of Officer Date
Robert Stamp
Print or Type Name of Officer
Vice President
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

97072

2. Name of Corporation

STAMP EGG FARMS, INC.

3. Street Address Principal Business Office

816 Greenville Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

401-949-3600

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2618

7. Brief Description of the Character of Business Conducted in Rhode Island

Produce and distribute agricultural and food products.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Barbara Stamp

Street Address

875 Greenville Avenue

City

Johnston

State

RI

Zip

02919

Vice President Name

Robert A. Stamp

Street Address

816 Greenville Avenue

City

Johnston

State

RI

Zip

02919

Secretary Name

Barbara Stamp

Street Address

same as above

City

State

Zip

Treasurer Name

Robert A. Stamp

Street Address

same as above

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 \$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

196

COMMON

\$1.00

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



* 9 7 0 7 2 *

File Date: 1/12/00

Check No: 1988

By: [Signature]

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.

[Signature] Date

BARBARA T. STAMP

PRCS. Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **97072** 2. Name of Corporation **STAMP EGG FARMS, INC.**

3. Street Address Principal Business Office

816 Greenville Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

949-3600

5. State of Incorporation
RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Produce and distribute agricultural and food products.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Barbara Stamp

Vice President Name

Robert A. Stamp

Street Address

875 Greenville Avenue

Street Address

816 Greenville Avenue

City

State

Zip

Johnston RI 02919

City

State

Zip

Johnston RI 02919

Secretary Name

Barbara Stamp

Treasurer Name

Robert A. Stamp

Street Address

same as above

Street Address

same as above

City

State

Zip

City

State

Zip

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

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

196

common

\$1.00

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



* 9 7 0 7 2 *

File Date: **1-11-99**

Check No.: **1550**

By: **AMF** **12**

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.

Barbara J Stamp **1/8/99**
Signature of Officer Date

BARBARA J STAMP
Print or Type Name of Officer

P.L.S.
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.		2. Name of Corporation			
97072		STAMP EGG FARMS, INC.			
3. Street Address Principal Business Office		City	State	Zip	
816 Greenville Avenue		Johnston	RI	02919	
4. Business Phone No.	5. State of Incorporation		6. SIC Code		
	Rhode Island				
7. Brief Description of the Character of Business Conducted in Rhode Island					
Produce, Buy, Sell, Grow, Process of Agriculture, livestock and food products and any other lawful purpose					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)					
President Name		Vice President Name			
Barbara T. Stamp		Robert A. Stamp			
Street Address		Street Address			
875 Greenville Ave		816 Greenville Ave			
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name		Treasurer Name			
Barbara T. Stamp		Robert A. Stamp			
Street Address		Street Address			
875 Greenville Ave		816 Greenville Ave			
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)					
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
10. 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
1000	\$1.00	par value	100	\$1.00	par value

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

File Date: 2-10-98

Check No. 1071

By: [Signature]

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.

Barbara T. Stamp 1/31/98
Signature of Officer Date

Barbara T. Stamp
Print or Type Name of Officer

President
Title of Officer