



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2019  
**Corporation** \_\_\_\_\_

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2020 DEC 14 AM 10:16

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2020 NOV 24 PM 12:26

1. Entity ID Number 001674313		2. Exact name of the Corporation PALMERAL PRODUCTS INC			
3. Principal Office Address 428 DEXTER ST			City CENTRAL FALLS	State RI	Zip 02860
4. NAICS Code 311991		6. Brief description of the character of business conducted in Rhode Island MEAT PROCESSING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JULIA GONZALEZ			Vice-President Name JAIRO DIAZ		
Street Address 46 FOREST VIEW DRIVE			Street Address 14 MARNE ST		
City NORTH PROVIDENCE	State RI	Zip 02904	City JOHNSTON	State RI	Zip 02919
Secretary Name JULIAN MATOS			Treasurer Name		
Street Address 14 MARNE ST			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			8000	CWP	0.01
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. <b>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.</b>					
Name of Authorized Representative JULIA GONZALEZ				Date 11/19/2020	
Signature of Authorized Representative 				FILED DEC 14 2020 BY <u>MJQQ9</u> 10:17	