



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

Annual Report for the year: **2021**
Corporation

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

FILED

JAN 12 2021

BY

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1. Entity ID Number 16202		2. Exact name of the Corporation WARWICK POULTRY CO., INC.			
3. Principal Office Address 60 Bath Street			City Providence	State RI	Zip 02908
4. NAICS Code 423110		6. Brief description of the character of business conducted in Rhode Island Distribution of wholesale poultry products and meats			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Michael Rainone, Jr.			Vice-President Name Carl Rainone		
Street Address 60 Bath Street			Street Address 60 Bath Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Kenneth Rainone			Treasurer Name Kenneth Rainone		
Street Address 60 Bath Street			Street Address 60 Bath Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par	
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 Michael Rainone, Jr.					Date 1-7-21
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov