



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 20 2021
 19001

1. Entity ID Number 22479		2. Exact name of the Corporation ROYAL PURVEYORS, INC.			
3. Principal Office Address 15 Fairbanks Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 424490		6. Brief description of the character of business conducted in Rhode Island Wholesale meat.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jacob Harpootian			Vice-President Name		
Street Address 15 Fairbanks Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Ruth Harpootian			Treasurer Name Ruth Harpootian		
Street Address 15 Fairbanks Avenue			Street Address 15 Fairbanks Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			200	Common	No Par Value
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 Jacob Harpootian					Date 1/6/21
Signature of Authorized Representative <i>Jacob Harpootian</i>			SIGN. DOCUMENT FILE		

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