



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.

1. Entity ID Number 545211		2. Exact name of the Corporation 1298 CORPORATION			
3. Principal Office Address 12 Crow Point Road			City Lincoln	State RI	Zip 02865
4. NAICS Code 424490		6. Brief description of the character of business conducted in Rhode Island Food Distribution			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John P. Raposa			Vice-President Name John N. Raposa, Assistant Secretary		
Street Address 1298 Drift Road			Street Address 7 Jameson Drive		
City Westport	State MA	Zip 02790	City Bristol	State RI	Zip 02809
Secretary Name John N. Raposa			Treasurer Name John P. Raposa		
Street Address 7 Jameson Drive			Street Address 1298 Drift Road		
City Bristol	State RI	Zip 02809	City Westport	State MA	Zip 02790
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CLASS-SERIES PAR VALUE		
			800 Class A Common \$.01 Par Value		
			7200 Class B Common \$.01 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 John P. Raposa					Date 1/14/21
Signature of Authorized Representative <i>John P. Raposa</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017