RI SOS Filing Number: 202193412530 Date: 3/1/2021 4:00:00 PM

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 STAMP

MAR 01 2021

BY 7244-05

1. Entity ID Number	2. Exact name of the Corporation
0001860	Baffonis Poultry Farm, Inc.

3. Principal Office Address	City	State	Zip
324 Greenville Avenue	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
112990	Poultry
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Donald Baffoni	344 Greenville Avenue	Johnston	RI	02919

Vice-President Name	Street Address	City	State	Zip
Paul Baffoni	35 Venice Avenue	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
Joseph Baffoni	15 Brentwood Drive	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
Paul Baffoni	35 Venice Avenue	Johnston	RI	02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	.0

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	Date
Paul Baffoni	2/26/21

Signature of Authorized Representative: Paul H. Baffoni — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017