RI SOS Filing Number: 202193491580 Date: 3/1/2021 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

→ Filing period: January 1 - March 1

Corporation

→ Filing Fee: \$50.00

2021

MAR 1 2021

54 AC 7538

→ Penalty: Additional \$2	25.00 fee if form is n	ot filed by April 1.		120		-	
1. Entity ID Number 59132		2. Exact name of the Corporation MELLO'S FRUITLAND, INC.					
3. Principal Office Address 69 BROADCOMMON ROAD			City BRISTOL		State RI	Zip 02809	
4. NAICS Code 424480	•	6. Brief description of the character of business conducted in Rhode Island OPERATION OF A FRUIT AND PRODUCE BUSINESS					
5. State of Incorporation RI							
7. List ALL officers (names a	and addresses)			Chec	k the box to in	dicate an attachment	
President Name HERMAN L	Vice-President Name DOMINEE M. MELLO						
Street Address 35 LISA LAN	Street Address 35 LISA LANE						
City BRISTOL	State RI	^{Zip} 02809	City BRISTOL		State RI	Zip 02809	
Secretary Name HERMAN L. MELLO			Treasurer Name HERMAN L. MELLO				
Street Address 35 LISA LANE			Street Address 35 LISA LANE				
City BRISTOL	State RI	Zip ₀₂₈₀₉	City BRISTOL		State RI	^{Zip} 02809	
8. List ALL directors (names	and addresses)		······································	Chec	k the box to in	dicate an attachment	
Director Name HERMAN L.	Director Name DOMINEE M. MELLO Street Address 35 LISA LANE						
Street Address 35 LISA LANE							
City BRISTOL	State RI	Zip 02809	City BRISTOL		State RI	Zip 02809	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Is	L sued	Chec	k the box to in	dicate an attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SER				
		200		COMMON		NO PAR	
Changes require an additions	al filing.						
11. This report must be exec	cuted on behalf of the	corporation by an	authorized repres	entative. If the corp	oration is in th	ne hands of a receiver or	
trustee, this report must be	executed on behalf of	f the corporation by	the receiver or tr	ustee			
Under penalty of perjury, i				ncluding any acco	mpanying sc	hedules and	
statements, and that all st Name of Authorized Repres		i nerein are true a	па соггест.	·-·	Date		
HERMAN L. MELLO		2/3/2/					
Signature of Authorized Rep					•	<u> </u>	
Show I ha	116						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov