



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**  
**MAR 04 2021** *JV*  
 BY 4404

1. Entity ID Number 363015		2. Exact name of the Corporation Specialty Grating Cheese, Inc.			
3. Principal Office Address 41 Comstock Parkway			City Cranston	State RI	Zip 02921
4. NAICS Code 311513		6. Brief description of the character of business conducted in Rhode Island Manufacture and distribution of cheese and other food products.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Frederick V. Vicario			Vice-President Name Frederick V. Vicario		
Street Address 41 Comstock Parkway			Street Address 41 Comstock Parkway		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Frederick V. Vicario			Treasurer Name Frederick V. Vicario		
Street Address 41 Comstock Parkway			Street Address 41 Comstock Parkway		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Frederick V. Vicario			Director Name		
Street Address 41 Comstock Parkway			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					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.					
<b>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.</b>					
Name of Authorized Representative Frederick V. Vicario					Date 2-22-21
Signature of Authorized Representative 					

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