



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAR 24 A 11:53

1. Entity ID Number 000051532		2. Exact name of the Corporation HORIZON FOOD INC.	
3. Principal Office Address 257 JEWETT ST		City PROVIDENCE	State RI
4. NAICS Code None 999999		6. Brief description of the character of business conducted in Rhode Island INACTIVE	
5. State of Incorporation RI		3. Principal Office Address 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name PAUL KEIGHLEY		Vice-President Name NONE	
Street Address 22 CUCUMBER HILL RD		Street Address	
City FOSTER	State RI	City	State
Zip 02825		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	CLASS/SERIES
		1,000	NPV
		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. 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 PAUL KEIGHLEY PRES		Date 3/19/21	
Signature of Authorized Representative 			

FILED

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

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BY CM7myws
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