

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021 Corporation

R.I. GEF T. OF STATE BUS SVCS DIV

2021 NOV -3 AM 8: 38

→ 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	2. Exact nan	2. Exact name of the Corporation Middle-Acres Cranberry, Inc.					
000093922	Middle-A						
Principal Office Address 1057 CRANDALL ROAD			City TIVERTON		State RI	Zíp 02878	
4. NAICS Code	6. Brief desc	ription of the charac	cter of business oc	onducted in Rhode i	Island	······································	
111334	AGRICUL [*]	AGRICULTURE - GROW CRANBERRIES					
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names a	nd addresses)			Check	the box to	indicate an attachment 🔲	
President Name DANA LEBREUX			Vice-President Name				
Street Address 1057 CRANDALL ROAD			Street Address				
City TIVERTON	State RI	^{Zip} 02878	City		State	Zip	
Secretary Name	cretary Name			Treasurer Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names	and addresses)		I	Check	the box to	indicate an attachment 🔲	
DIrector Name DANA LEBR	EUX		Olrector Name				
Street Address 1057 CRANDALL ROAD			Street Address				
City TIVERTON	State RI	^{Zip} 02878	City		State	2ip	
Director Name			Director Name		•	1	
Street Address			Street Address				
City	State	Zip	City		State	Zjp	
9. Shares Authorized		10. Shares Iss	sued	Check	the box to	indicate an attachment	
This information is currently of record in the		NUMBER O	NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
Department of State. Changes require an additional filing.		100	100			No Par	
					_		
11. This report must be executrustee, this report must be e	uted on behalf of the executed on behalf of	corporation by an	authorized represe the receiver or tru	entative. If the corpo	oration is in	the hands of a receiver or	
Under penalty of perjury, I statements, and that all ata	declare and affirm	that i have examin	ed this report, in	cluding any accor	npanying s	chedules and	
Name of Authorized Representative					Date	Date / /	
DANA LEBREUX					1/1	0/5/2021	
Signature of Authorized Repr	resentative Lelye	ui.	[Fi	ED			
MAIL TO:	- Jerry C						

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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FY & 15 FYX

FORM 630 - Revised: 08/2020