



State of Rhode Island

**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

**FILED**  
 FEB 10 2023  
 BY *[Signature]*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>55525</b>		2. Exact name of the Corporation <b>Quality Fruitland, Inc.</b>			
3. Principal Office Address <b>1487 Fall River Avenue</b>			City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
4. NAICS Code <b>445230</b>		6. Brief description of the character of business conducted in Rhode Island <b>Retail - Fruit, Produce, Deli &amp; Flower Store</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Harold Foster</b>			Vice-President Name <b>Sara Foster</b>		
Street Address <b>16 Columbus Avenue</b>			Street Address <b>16 Columbus Avenue</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Secretary Name <b>Harold Foster</b>			Treasurer Name <b>Sara Foster</b>		
Street Address <b>16 Columbus Avenue</b>			Street Address <b>16 Columbus Avenue</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Harold Foster</b>			Director Name <b>Sara Foster</b>		
Street Address <b>16 Columbus Avenue</b>			Street Address <b>16 Columbus Avenue</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
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/SLRILS	PAR VALUE
			<b>100</b>	<b>Common</b>	<b>No Par</b>
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 <b>Harold Foster</b>				Date <b>1/7/2023</b>	
Signature of Authorized Representative <i>[Signature]</i>					

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