



State of Rhode Island  
**Department of State - Business Services Division**

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

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

**FILED**  
 MAR 02 2023 FAME  
 BY 1144  
 [Signature]

1. Entity ID Number <b>937920</b>	2. Exact name of the Corporation <b>Early Bird Distributing Corp</b>
--------------------------------------	---

3. Principal Office Address <b>1735 Main St Apt C23</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
--	-----------------------------	--------------------	---------------------

4. NAICS Code <b>492210</b>	6. Brief description of the character of business conducted in Rhode Island <b>Wholesale food sales and delivery</b>
5. State of Incorporation <b>RI</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>Irving Leclair</b>			Vice-President Name <b>Irving Leclair</b>		
Street Address <b>1735 Main St Apt C23</b>			Street Address <b>1735 Main St Apt C23</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>Irving Leclair</b>			Treasurer Name <b>Irving Leclair</b>		
Street Address <b>1735 Main St Apt C23</b>			Street Address <b>1735 Main St Apt C23</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</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>Irving Leclair</b>			Director Name		
Street Address <b>1735 Main St Apt C23</b>			Street Address		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
	<small>NUMBER OF SHARES</small> <b>100</b>	<small>CLASS/SERIES</small> <b>Common</b>	<small>PAR VA. UE</small> <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.

**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 <b>Irving Leclair</b>	Date <b>3-25-23</b>
--	------------------------

Signature of Authorized Representative <i>Irving Leclair</i>
---

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