



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.

MAR 09 2023

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1. Entity ID Number 000017334		2. Exact name of the Corporation WESTERLY PACKING COMPANY, INC.			
3. Principal Office Address 4 Springbrook Road, P.O. Box 542			City Westerly		State RI
					Zip 02891
4. NAICS Code 424470		6. Brief description of the character of business conducted in Rhode Island Meat Wholesale and Retail			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Medoro S. Trombino			Vice-President Name Palma B. Trombino		
Street Address 124 Watch Hill Road			Street Address 124 Watch Hill Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Medoro S. Trombino			Treasurer Name Bruno E. Trombino		
Street Address 124 Watch Hill Road			Street Address 52 Granite Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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		
			PAR VALUE		
			10		
			Common		
			10\$ 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 Medoro S. Trombino, President					Date 3/12/23
Signature of Authorized Representative <i>Medoro S. Trombino</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

FORM 630 - Revised: 11/2021