



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.

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 BUS SVCS DIV
SECRETARY OF STATE
 USE ONLY

2023 APR 11 5 12:15

1. Entity ID Number 000792653		2. Exact name of the Corporation Northeast Produce - Matrix, Inc.			
3. Principal Office Address PO Box 622			City Campton	State NH	Zip 03223
4. NAICS Code 424410		6. Brief description of the character of business conducted in Rhode Island Wholesale food sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Stephen A. DelBonis			Vice-President Name Robert D. McGowan		
Street Address PO Box 622			Street Address PO Box 622		
City Campton	State NH	Zip 03223	City Campton	State NH	Zip 03223
Secretary Name Robert D. McGowan			Treasurer Name Stephen A. DelBonis		
Street Address PO Box 622			Street Address PO Box 622		
City Campton	State NH	Zip 03223	City Campton	State NH	Zip 03223
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Stephen A. DelBonis			Director Name		
Street Address PO Box 622			Street Address		
City Campton	State NH	Zip 03223	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 Common Shares with 0.00 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.					
<i>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.</i>					
Name of Authorized Representative Stephen A. DelBonis				Date 4/8/23	
Signature of Authorized Representative <i>Stephen A. DelBonis</i>				FILED	

APR 11 2023
 BY ML 5013