



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
 FEB 05 2024
[Handwritten signature]

1. Entity ID Number 22479		2. Exact name of the Corporation ROYAL PURVEYORS, INC.			
3. Principal Office Address 15 Fairbanks Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 424440		6. Brief description of the character of business conducted in Rhode Island Wholesale meat.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ruth Harpootian			Vice-President Name John M. Harpootian		
Street Address 15 Fairbanks Avenue			Street Address 31 Lauren Lane		
City East Providence	State RI	Zip 02914	City West Warwick	State RI	Zip 02893
Secretary Name Ruth Harpootian			Treasurer Name Ruth Harpootian		
Street Address 15 Fairbanks Avenue			Street Address 15 Fairbanks Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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
			200		Common
					PAR VALUE
					No 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 John M. Harpootian					Date 1/31/24
Signature of Authorized Representative <i>[Handwritten Signature]</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