



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

2024
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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 444440		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 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	Common	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. 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 John M. Harpootian					Date 1/31/24
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017