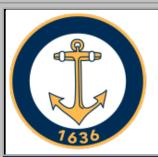
RI SOS Filing Number: 202446446020 Date: 2/15/2024 11:09:00 AM



## State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Foreign Non-Profit Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2024**: 2024

- 1. Corporate ID No. <u>001752842</u>
- 2. Name of Corporation SPECIALTY FOOD ASSOCIATION, INC
- 3. State of Incorporation

State: NY

## **NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

<u>813910</u>

## 4. Principal Office Address

No. and Street: 136 MADISON AVENUE

12TH FLOOR

City or Town: <u>NEW YORK</u> State: <u>NY</u> Zip: <u>10016</u> Country: <u>USA</u>

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

## TRADE ASSOCIATION RELATED TO SPECIALTY FOOD INDUSTRY

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name             | Address   |
|-------|-----------------------------|---|
|       | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

| PRESIDENT | WILLIAM LYNCH | 136 MADISON AVENUE, 12TH FLOOR<br>NEW YORK, NY 10016 USA |
|-----------|---------------|--|
|           |               |  |

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE</u>, <u>RI 02914</u>

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 15 Day of February, 2024 at 11:11:00 AM by the authorized person.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By NANCY WEISS
Signature of Authorized Person

Form No. 631 Revised 09/07

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