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|--|---|--|---|--|---|--|----------|--|
| Filing Fee: \$50.00 Penalty: Additional \$25. Entity ID Number 6556 Principal Office Address 705 Broad Street NAICS Code 1310 State of Incorporation mode Island List ALL officers (names and sident Name | 2. Exact nat East Coa 6. Brief desi | me of the Corporatest Distributors, cription of the character general foc | Inc. City Providence | re | 1 | S A STATE OF THE S | <u>-</u> | |
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| list ALL officers (names and sident Name | | NAICS Code 6. Brief description of the charact To conduct a general food commodities | | | | e in and with | | |
| sident Name | | | | | | | | |
| 7. List ALL officers (names and addresses) President Name Geoffrey M. Tapper Street Address | | | Geoffrey N | Check the box to indicate an attachment Vice-President Name Geoffrey M. Tapper Street Address | | | | |
| 705 Broad Street | 12 | · 1 | 1705 Broa | d Street | | | | |
| ovidence | State RI | Zip 02905 | City Providenc | | Stato RI | Zip 02905 | | |
| retary Name eoffrey M. Tapper | | | Treasurer Nam Geoffrey N | | | | | |
| eet Address 05 Broad Street | | | Street Address 1705 Broad | <u> </u> | - | | | |
| ovidence | State RI | Zip 02905 | City Providence | | State RI | Zip 02905 | | |
| List ALL directors (names ar ector Name | nd addresses) | | Director Name | | ck the box to i | indicate an attachmer | ıt 🔲 | |
| eel Address | | | Street Address | 5 | | | | |
| | State | Zıp | City | <u> </u> | State | Zip | | |
| ector Name | | | Director Name | 3 | | | | |
| Street Address | | | Street Address | | | | | |
| , | State | Zip | City | | State | Zip | | |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued NUMBER OF SHARES | | Check the box to indicate an attachment SSERIES PAR VALUE | | ıt 🗀 | |
| | | 150 | - | Common | | No Par Value | | |
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| <u>stee, this report must be exe</u> | <u>ecuted on behalf o</u> | of the corporation b | y the receiver or tr | ustee. | | | er or | |
| der penalty of perjury, I de tements, and that all state | eclare and affirm ements contained | that I have exami | ned this report, i | ncluding any acco | | chedules and | | |
| Name of Authorized Representative | | | | Date 2-(-2-4 | | | | |
| | sentative | | - | | | ~ | | |
| nature of Authorized Repres | | 41 | a | <i>C</i> 1 | | | | |
| Shares Authorized s information is currently of repartment of State. This report must be execute stee, this report must be executed to the execute stee of Authorized Representation of Authorized Representations of Au | State record in the filing. ted on behalf of the ecuted on behalf of eclare and affirm ements contained stative | 2ip 10. Shares Is NUMBER 150 e corporation by an of the corporation by that I have examinate the state of the corporation by th | Director Name Street Address City SSUED OF SHARES authorized repres y the receiver or tr | Chec CLASS/SEF Common Sentative. If the cor- | State ck the box to intes poration is interpretation of the second of | Zip ndicate an attachme PAR VALUE No Par Value the hands of a receive | _ | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov