



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 22 2024

BY PP26487

1. Entity ID Number <b>16202</b>		2. Exact name of the Corporation <b>WARWICK POULTRY CO., INC.</b>												
3. Principal Office Address <b>60 Bath Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>									
4. NAICS Code <b>423110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Distribution of wholesale poultry products and meats</b>												
5. State of Incorporation <b>Rhode Island</b>														
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Michael Rainone, Jr.</b>			Vice-President Name <b>Carl Rainone</b>											
Street Address <b>60 Bath Street</b>			Street Address <b>60 Bath Street</b>											
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>									
Secretary Name <b>Kenneth Rainone</b>			Treasurer Name <b>Kenneth Rainone</b>											
Street Address <b>60 Bath Street</b>			Street Address <b>60 Bath Street</b>											
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>									
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>None</b>			Director Name <b>None</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name <b>None</b>			Director Name <b>None</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>Common</b></td> <td><b>No Par</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>Common</b>	<b>No Par</b>			
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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.														
<b>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.</b>														
Name of Authorized Representative <b>Michael Rainone, Jr.</b>					Date <b>1-29-24</b>									
Signature of Authorized Representative 														

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov