

**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
MAR 26 2024
BY 6271
KJ

1. Entity ID Number 000901642		2. Exact name of the Corporation FOODWORTH, INC.			
3. Principal Office Address 70 SHOVE STREET			City TIVERTON	State RT	Zip 02878
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island SERVICE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name BERNADETTE DIAS			Vice President Name		
Street Address 1498 ROBESON STREET			Street Address		
City FALL RIVER	State MA	Zip 02720	City	State	Zip
Secretary Name			Treasurer Name BERNADETTE DIAS		
Street Address			Street Address 1498 ROBESON STREET		
City	State	Zip	City FALL RIVER	State MA	Zip 02720
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name BERNADETTE DIAS			Director Name		
Street Address 1498 ROBESON STREET			Street Address		
City FALL RIVER	State MA	Zip 02720	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES	PAR VALUE 0	
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 Bernadette Dias					Date 3-21-24
Signature of Authorized Representative BERNADETTE DIAS					

MAIL TO:

Division of Business Services

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

Phone: (401) 222 3040

Website: www.sos.ri.gov