



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
 Corporation _____

MAY 01 2024
 9689 R

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

1. Entity ID Number 0001860		2. Exact name of the Corporation Baffonis Poultry Farm, Inc.			
3. Principal Office Address 324 Greenville Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 112990		6. Brief description of the character of business conducted in Rhode Island Poultry			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donald Baffoni			Vice-President Name Paul Baffoni		
Street Address 344 Greenville Avenue			Street Address 35 Venice Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Joseph Baffoni			Treasurer Name Paul Baffoni		
Street Address 15 Brentwood Drive			Street Address 35 Venice Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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			10. Shares Issued 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.			NUMBER OF SHARES		PAR VALUE
			200	Common	.01
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 Paul Baffoni				Date X 4/29/24	
Signature of Authorized Representative <i>Paul H. Baffoni</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov