



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGUS BSD
24 MAY 10 PM 4:04:38

Annual Report for the year: 2023

Corporation

- 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 001685980		2. Exact name of the Corporation Northeast Apple Company, Inc.			
3. Principal Office Address 180 Shun Pike			City Johnston	State RI	Zip 02919
4. NAICS Code 445230		6. Brief description of the character of business conducted in Rhode Island Food Product Processing, Packaging and Distribution			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert N. Cardillo			Vice-President Name Robert N. Cardillo		
Street Address 180 Shun Pike			Street Address 180 Shun Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Robert N. Cardillo			Treasurer Name Robert N. Cardillo		
Street Address 180 Shun Pike			Street Address 180 Shun Pike		
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			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		CLASS/SERIES	
		0		0	
				PAR VALUE	
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 Andrew R. Bilodeau				Date 05/10/2024	
Signature of Authorized Representative 				FILED	
MAY 10 2024 405 BY <u>dyks</u>					

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

BY **dyks**