



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD

FEB 14 2025

BY 6379 R

1. Entity ID Number 000019172		2. Exact name of the Corporation OCEAN STATE PEELED POTATO, INC.			
3. Principal Office Address 412 Tunk Hill Road			City Hope	State RI	Zip 02831
4. NAICS Code 238110		6. Brief description of the character of business conducted in Rhode Island MANUFACTURING, SLICING AND PACKING OF POTATOES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Emelio Cardillo			Vice-President Name		
Street Address 412 Tunk Hill Road			Street Address		
City Hope	State RI	Zip 02831	City	State	Zip
Secretary Name Tammy A. Cardillo			Treasurer Name Emelio Cardillo		
Street Address 1412 Tunk Hill Road			Street Address 412 Tunk Hill Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Emelio Cardillo			Director Name Tammy A. Cardillo		
Street Address 412 Tunk Hill Road			Street Address 412 Tunk Hill Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Director Name			Director Name		
Street Address			Street Address		
City	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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			120	Common	No Par
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 Tammy A. Cardillo					Date 2-6-25
Signature of Authorized Representative <i>Tammy Cardillo</i>					

MAIL TO:

Division of Business Services
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