



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.

REC'D RIDGERS BSD
25 MAR 14 PM 12:05:21

1. Entity ID Number 000675935		2. Exact name of the Corporation R.I. PET FOODS PLUS INC.	
3. Principal Office Address 30 Gooding Avenue		City Bristol	State RI
		Zip 02809	
4. NAICS Code 453910	6. Brief description of the character of business conducted in Rhode Island To own and operate a business for the sale of pet foods and other related items		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph Pereira		Vice-President Name Justin Pereira	
Street Address 30 Gooding Avenue		Street Address 30 Gooding Avenue	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Secretary Name Joseph Pereira		Treasurer Name Joseph Pereira	
Street Address 30 Gooding Avenue		Street Address 30 Gooding Avenue	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph Pereira		Director Name None	
Street Address 30 Gooding Avenue		Street Address	
City Bristol	State RI	City	State
Zip 02809		Zip	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES CLASS/SHARES PAR VALUE	
Changes require an additional filing.		1000	Common No 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 Joseph Pereira			Date 1-27-25
Signature of Authorized Representative 			

FILED

MAR 14 2025

BY 158 AIA

MAIL TO:

Division of Business Services

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