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State of Rhode Island
Department of State - Business Services Division

FILED
APR 14 2025 4:17P
BY 1124

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.

1. Entity ID Number	2. Exact name of the Corporation		
000017334	WESTERLY PACKING COMPANY, INC.		
3 Principal Office Address	City	State	Zip
4 Springbrook Road, P.O. Box 542	Westerly	RI	02891
4. NAICS Code: 424470	6. Brief description of the character of business conducted in Rhode Island: Meat Wholesale and Retail		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Medoro S. Trombino			Vice-President Name: Palma B. Trombino		
Street Address: 124 Watch Hill Road			Street Address: 124 Watch Hill Road		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891
Secretary Name: Medoro S. Trombino			Treasurer Name: Bruno E. Trombino		
Street Address: 124 Watch Hill Road			Street Address: 52 Granite Street		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: N/A			Director Name: N/A		
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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	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	Date
Medoro S. Trombino, President	4/13/25

Signature of Authorized Representative: Medoro S. Trombino

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

FORM 630- Revised: 12/2023