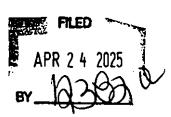


## State of Rhode Island Department of State - Business Services Division

Annual	Report	for	the	year:	2025
Camar	-41				

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00



→ Penalty: Additional \$25.00 fe						<u> </u>				
1. Entity ID Number	Exact name of the Corporation									
20057	RHODE ISLAND PROVISION CO.									
3. Principal Office Address			City	· ·	State		Zip			
5 Day Street			Johns	ton	RI		02919			
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island									
311999	food processing, food service, food manufacturing, wieners and hot dogs									
5. State of Incorporation	1	30/119, 1000 00	<b>VICC</b> , 100	a manalactaring	3, <del>WICHEL</del>	s and no	n dogs			
Rhode Island										
7. List ALL officers (names and addresses)  Check the box to indicate an attachment										
President Name Kerry Lemieux		Vice-President Name None								
Street Address 5 Day Street			Street Address							
<sup>City</sup> Johnston	State RI	<sup>Ζ<sub>ιρ</sub></sup> 02919	City		State		Zip			
Secretary Name Kerry Lemieux			Treasurer Name Kerry Lemieux							
Street Address 5 Day Street			Street Address 5 Day Street							
City Johnston	State RI	<sup>Zip</sup> 02919	City Johnston		State	RI	Zip 02919			
8. List ALL directors (names and ad	ldresses)	<u> </u>	<u> </u>		e box to indi	cate an atta	chment 🔲			
Director Name Kerry Lemieux	Director Name									
Street Address 5 Day Street			Street Address							
<sup>City</sup> Johnston	State RI	<sup>Zıp</sup> 02919	Cily		State		Zip			
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City		State		Zip			
9. Shares Authorized 10. Shares Iss			ued Check the box to indicate an attachment □							
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE.						
Department of State.  Changes require an additional filing.		200	common			no par	par value			
11. This report must be executed or	n behalf of the co	rporation by an au	thorized rep	resentative. If the co	rporation is	in the hand	s of a re-			
ceiver or trustee, this report must be	e executed on be	half of the corpora	tion by the r	receiver or trustee.						
Under penalty of perjury, I declar statements, and that all statemen	e and affirm that its contained be	t I have examined	this repor	t, including any acc	ompanying	schedule	s and			
Name of Authorized Representative	Date									
Kerry Lemieux, President						4.18.25				
Signature of Authorized Representa	itive									
Den De	22000	4		<u></u>						

MAÎL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov