



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.

FILED  
APR 24 2025  
BY *[Signature]*

1. Entity ID Number 20057		2. Exact name of the Corporation RHODE ISLAND PROVISION CO.			
3. Principal Office Address 5 Day Street		City Johnston		State RI	Zip 02919
4. NAICS Code 311999		6. Brief description of the character of business conducted in Rhode Island food processing, food service, food manufacturing, wieners and hot dogs			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Kerry Lemieux			Vice-President Name None		
Street Address 5 Day Street			Street Address		
City Johnston	State RI	Zip 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	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Kerry Lemieux			Director Name		
Street Address 5 Day Street			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 200	CLASS/SERIES common	PAR VALUE 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. <b>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.</b>					
Name of Authorized Representative Kerry Lemieux, President				Date 4-18-25	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:

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