RI SOS Filing Number: 202576311670 Date: 6/26/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
JUN 26 2025
BY 12514

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25 JUN 26 PM 1:30:36

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
001779518	FOUR CORNERS FOOD GROUP, INC.

3. Principal Office Address	City	State	Zip
15 EAST ROAD	TIVERTON	RI	02878

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531120	ACQUIRE, HOLD, OWN, LEASE, IMPROVE, DEVELOP, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROP.
5. State of Incorporation: RHODE ISLAND	

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

President Name	Vice-President Name
Ashley S. Fischer	D. Christian Sadler
Street Address: 27 Windsor	Street Address: 365 Toppasquash Rd
City: Barrington, State: RI, Zip: 02806	City: Bristol, State: RI, Zip: 02809
Secretary Name	**Treasurer Name**
Street Address	Street Address
City, State, Zip	City, State, Zip

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

Director Name	Director Name
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
	0	CWP	$0.0100

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
Ashley S. Fischer - President	6/17/2025
Signature of Authorized Representative	

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