



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000044104</b>		2. Exact name of the Corporation <b>HICKORY FARMS, INC.</b>		
3. Principal office address <b>811 MADISON AVE, FL 5</b>		City <b>TOLEDO</b>	State <b>OH</b>	Zip <b>43604</b>
4. Business Phone No. <b>419-893-7611</b>		5. State of Incorporation <b>DE</b>		
6. Brief description of the character of business conducted in Rhode Island <b>SEASONAL RETAIL FOOD AND GIFT SALES</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>				
President Name		Vice-President Name		
Street Address		Street Address		
City	State	Zip	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		1000	STK	.001

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE

**FILED**

FEB 24 2014

147148

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.

*[Signature]*  
 Signature of Authorized Representative

02/18/2014

Date

JOE HERMAN

Print or Type Name of Authorized Representative



# HICKORY FARMS®

EST. 1951

## HICKORY FARMS, INC. (A Delaware Corporation)

Officer / Director Listing as of February, 2014:

**President (and Director)**  
Mark Rodriguez  
811 Madison Ave, 5<sup>th</sup> Flr  
Toledo, OH 43604  
Appointed 10/8/07

**Director**  
David Finnigan  
5200 Town Center Circle, Suite 600  
Boca Raton, FL 33486  
Appointed 9/6/13

**CFO, Secretary, Treasurer**  
Joseph Herman  
811 Madison Ave, 5<sup>th</sup> Flr  
Toledo, OH 43604  
Appointed 4/29/13

**Director**  
David Stefko  
5200 Town Center Circle, Suite 600  
Boca Raton, FL 33486  
Appointed 9/6/11

**VP – Franchise & Retail Sales**  
Joseph Loch  
811 Madison Ave, 5<sup>th</sup> Flr  
Toledo, OH 43604  
Appointed 5/26/09 (this position since 3/18/13)

**VP – Brand Marketing**  
Michael Holton  
811 Madison Ave, 5<sup>th</sup> Flr  
Toledo, OH 43604  
Appointed 5/22/09

**VP-Supply Chain**  
Ty Hanline  
811 Madison Ave, 5<sup>th</sup> Flr  
Toledo, OH 43604  
Appointed 4/29/13

**FILED**

FEB 24 2014

BY JD 44109



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[hickoryfarms.com](http://hickoryfarms.com)