



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

2018 FEB 23 AM 10:30
 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.

1. Entity ID Number 16060		2. Exact name of the Corporation Warwick Foods, Inc.			
3. Principal Office Address 1980 Warwick Avenue			City Warwick	State RI	Zip 02889
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Salvatore Illiano			Vice-President Name Michael Illiano		
Street Address 13115 Patriot Way			Street Address 1 Meadowbrook Road		
City West Greenwich	State RI	Zip 02817	City North Providence	State RI	Zip 02911
Secretary Name Michael Illiano			Treasurer Name Salvatore Illiano		
Street Address 1 Meadowbrook Road			Street Address 13115 Patriot Way		
City North Providence	State RI	Zip 02911	City West Greenwich	State RI	Zip 02817
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		NONE
					PAR VALUE
					NO PAR
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 Salvatore Illiano					Date 2-5-18
Signature of Authorized Representative <i>Salvatore Illiano</i>					FILED
SIGN DOCUMENT HERE					FEB 23 2018

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

BY *[Signature]*