RALPH MOIL	tate of Rhode Island and Pr Office of the Secret		Fee: \$50.00
Stary of Stars	Corporations Di 148 W. River S Providence, Rhode Islar Telephone: (401) 2	Street nd 02904-2615	
Limited Liability Com Annual Report Filing Period: September 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2008			
1. ID No. 000163830			
2. Exact Name of the Limited Liability Company <u>ATLANTIC COASTLINE SEAFOOD, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
Wholesale shellfish, very little shellfish 5. Principal Office Address			
No. and Street: <u>16 WARWICK NECK AVENUE</u>			
	WICK	State: <u>RI</u> Zip: <u>02889</u> Court	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: ROBERT T GOODMAN Contact Title: OWNER No. and Street: 16 WARWICK NECK AVE OWNER City or Town: WARWICK State: RI Zip: 02889 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	de, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
ROBERT GOODMAN 16 WARWICK NECK AVENUE WARWICK , RI 02889-			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

Signed this 4 Day of September, 2008 at 1:57:48 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>ROBERT T GOODMAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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