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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
55764	DEEP SEA FISH OF RHODE ISLAND, INC.

3. Street Address Principal Business Office	City	State	Zip
P. O. BOX 764	WAKEFIELD	RI	02880

4. Business Phone No.	5. State of Incorporation
4017821330	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
SEAFOOD WHOLESALER/PROCESSOR

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
ERIC E. REID	NONE
Street Address: P. O. BOX 764	Street Address:
City: WAKEFIELD — State: RI — Zip: 02880	City: — State: — Zip:
Secretary Name: ERIC E. REID	Treasurer Name: ERIC E. REID
Street Address: P. O. BOX 764	Street Address: P. O. BOX 764
City: WAKEFIELD — State: RI — Zip: 02880	City: WAKEFIELD — State: RI — Zip: 02880

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
ERIC E. REID	
Street Address: P. O. BOX 764	Street Address:
City: WAKEFIELD — State: RI — Zip: 02880	City: — State: — Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: — State: — Zip:	City: — State: — Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
10	A/VOTING	No par value
30	B/NONVOTING	No par value

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.

[redacted]

FILED
SEP 25 2008
Amf
69115

[redacted]

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 — *Date* 24 Sep 08

ERIC E. REID
Print or Type Name

[redacted] President
Title

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

26018-5-277867

Form 630 Rev. 08/08