



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 2009

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(c), 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 110150		2. Name of Corporation Matteo P. Castigliero, Inc.			
3. Street Address Principal Business Office 5 Holly Lane			4. City Bristol	5. State RI	6. Zip 02809-3813
7. Business Phone No. (401) 253-9212		8. State of Incorporation Rhode Island			
9. Brief Description of the Character of Business Conducted in Rhode Island To Sell Seafood and Related Items to Seafood					
NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Matteo P. Castigliero			Vice President Name Nick Castigliero		
Street Address 5 Holly Lane			Street Address 9 Doran Avenue		
City Bristol	State RI	Zip 02809-3813	City Bristol	State RI	Zip 02809-3813
Secretary Name Rita Castigliero			Treasurer Name Matteo P. Castigliero		
Street Address 5 Holly Lane			Street Address 5 Holly Lane		
City Bristol	State RI	Zip 02809-3813	City Bristol	State RI	Zip 02809-3813
NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
11. SHARES AUTHORIZED 600 Common NO PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES THIS SECTION MUST BE COMPLETED		
			Number of Shares 600	Class Series Common	Par Value NO PAR VAL

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.

FILED
Date JAN 07 2009
By 7110
FOR SECRETARY OF STATE USE ONLY

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 1-6-09
Matteo P. Castigliero
Print or Type Name
Matteo P. Castigliero
Title President