



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 81107
2. Name of Corporation Blue Moon Seafood, Ltd.
3. Street Address Principal Business Office
402A MAIN STREET
4. Business Phone No. 401-782-2366
5. State of Incorporation RHODE ISLAND
6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL SALES OF SEAFOOD AND RESTAURANT OPERATION.

City State Zip
WAKEFIELD RI 02879

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

President Name
Daniel P. Montmarquet
Street Address
402A MAIN STREET
City State Zip
Wakefield RI 02879

Vice President Name
Daniel P. Montmarquet
Street Address
402A MAIN STREET
City State Zip
Wakefield RI 02879

Secretary Name
Daniel P. Montmarquet
Street Address
402A MAIN STREET
City State Zip
Wakefield RI 02879

Treasurer Name
Daniel P. Montmarquet
Street Address
402A MAIN STREET
City State Zip
Wakefield RI 02879

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

Director Name
Daniel P. Montmarquet
Street Address
402A MAIN STREET
City State Zip
Wakefield RI 02879

Director Name
None
Street Address
City State Zip

Director Name
None
Street Address
City State Zip

Director Name
None
Street Address
City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED	
File Date	JAN 28 2009
Check No.	6449
By	
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 of Officer Daniel P. Montmarquet Date 1/23/09
Print or Type Name of Officer
President
Title of Officer