



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