

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

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filling Period: January 1 - March 1 • Filling 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. 7-1.2-150).

subject to a penalty fee of \$25.00.			iuut report within thirty (50) aays aftei	the time prescribed by law (R	(.1.G.L. 7-1,2-1501(c&d))
1. Corporate ID No. 3613-5  2. Name of Corporation Live Maine Seafood, Inc.					
3. Street Address Principal Business Office 20 Walts Way			City Narragansett	State RI	<sup>Zip</sup> 02882
4. Business Phone No.  401-789-2660  5. State of Incorporation Rhode Isl			and		
6 Brief Description of the Character of Wholesale and r 7. NAMES AND ADDRESSES	etail seafo	od	CHMENT) □ FILL IN SPACE	S REFORE USING AT	FA CUMENTS
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name David Nuss			Vice President Name David Nuss		
Street Address 20 Walts Way			Street Address 20 Walts Way		
City Narragansett Secretary Name	RI RI	<sup>Ζφ</sup> 02882	cuy Narragansett	State RI	<sup>Zip</sup> 02882
David Nuss Sireel Address			Treasurer Name David Nuss		
20 Walts Way			Street Address 20 Walts Way		
City Narragansett	State   RI	<sup>Zip</sup> 02882	Narragansett	State RI	<sup>Zip</sup> 02882
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name  David Nuss			ACHMENT) THE FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None		
Street Address 20 Walts Way			Street Address		
City Narragansett	State RI	<sup>Zip</sup> 02882	City	State	Zip
None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1000			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			100	common	no par
This report must be executed or this report must be executed or	n behalf of the corpor	ration by an authorized ation by the receiver o	representative. If the corporar trustee.	tion is in the hands of a	a receiver or trustee,

File Date	2-12-09
Check No	1389
Ву:	mnc
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and st contained herein are true and correct.	that I have examined this report, attements, and that all statements
Signature	Date
David Nuss	
Print or Type Name	
_President	
Title	