

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(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. 137889	2. Name of Corpo	2. Name of Corporation M and M Seafood, Inc.				
3. Street Address Principal Business Office 395 Front Street			City Woonsockeet	State RI	<i>Zip</i> 02878	
4. Business Phone No. 5. State of Incorpora Rhode Island			tion			
	Character of Business Conducte ting a business for whole		seafood products			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A President Name Manuel Monteiro			Vice President Name Maria Monteiro			
						Street Address 34 Parsons Walk
City Berkley	State MA	^{Zip} 02779	сту Berkley	State MA	^{Zip} 02779	
Secretary Name Manuel Monteiro, Jr.			Treasurer Name Manuel Monteiro, Jr.			
Street Address 34 Parsons Walk			Street Address 34 Parsons Walk			
City Berkley	State MA	^{Zip} 02779	<i>Giţ</i> ¹ Berkley	State MA	^{Zip} 02770	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR Director Name Manuel Monteiro			ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Maria Monteiro			
Street Address			Street Address			
34 Parsons Walk			34 Parsons Walk			
City Berkley Director Name	State MA	02779	City Berkley Director Name	State MA	02779	
Street Address			Street Address			
Gity	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
10,000	common	without	200	common	without	
	executed on behalf of the		Under penalty of p including any acco	erjury, I declare and affirm ompanying schedules and streets and correct.	that I have examined this reportatements, and that all statements.	
By By 36	43		Print or Type Name Secretary	inono, ur.		
FOR SECRET.	ARY OF STATE USE ONLY		Title			
		_			Form 630 Rev 12/06	