



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(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. <u>20554</u>		Name of Corporation <u>OSPREY SEAFOOD INC</u>					
3. Street Address Principal Business Office <u>15 Walth Way</u>		City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>			
4. Business Phone No. <u>401-783-9560</u>		5. State of Incorporation <u>RHODE ISLAND</u>					
6. Brief Description of the Character of Business Conducted in Rhode Island							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name <u>Alan Glidden</u>		Vice President Name					
Street Address <u>68 Stanton Ave</u>		Street Address					
City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>	City	State	Zip		
Secretary Name <u>Alan Glidden</u>		Treasurer Name					
Street Address <u>68 Stanton Ave</u>		Street Address					
City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>	City	State	Zip		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name <u>NONE</u>		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 <u>600</u>	Class/Series <u>common</u>	Par Value <u>no par</u>

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.

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 Alan Glidden Date 3/28/09  
Print or Type Name ALAN GLIDDEN  
Title PRESIDENT

File Date <b>FILED</b>
Check No. <u>MAR 31 2009</u>
By: <u>1047</u>
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