



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 2010**

**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. 17106		2. Name of Corporation North American Salt and Fresh Fish Corp.			
3. Street Address Principal Business Office 450 Prospect Street			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 725-8990		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Fish processing and packaging					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Manuel D. S. Rodrigues			Vice President Name Maria Fatima Rodrigues		
Street Address 2 Kenwood Court			Street Address 2 Kenwood Court		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Maria Fatima Rodrigues			Treasurer Name Manuel D. S. Rodrigues		
Street Address 2 Kenwood Court			Street Address 2 Kenwood Court		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Manuel D. S. Rodrigues			Director Name NONE		
Street Address 2 Kenwood Court			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Director Name NONE			Director Name NONE		
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 <b>MUST</b> BE COMPLETED		
			Number of Shares 200	Class/Series COMMON	Par Value NO PAR VALUE

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 Manuel D. S. Rodrigues Date 2/10/10  
 Print or Type Name  
**Manuel D. S. Rodrigues**  
**PRESIDENT**  
 Title

File Date 2-16-2010  
 Check No. 10493  
 By: MDC  
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