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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.	2. Name of Corporation			
129824	Maritime Specialty Foods, Inc.			
3. Street Address Principal Business Office		City	State	Zip
41 West Main Street		N. Kingstown	RI	02852
4. Business Phone No.	5. State of Incorporation			
(401) 667-0993	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
To process, market and distribute assorted seafood and prepared foods.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Douglas Edwards	41 West Main Street	N. Kingstown	RI	02852

Vice President Name	Street Address	City	State	Zip
Mathew M. Marion	41 West Main Street	N. Kingstown	RI	02852

Secretary Name	Street Address	City	State	Zip
Peter O. Marion	41 West Main Street	N. Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Peter O. Marion	41 West Main Street	N. Kingstown	RI	02852

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Peter O. Marion	41 West Main Street	N. Kingstown	RI	02852

Director Name	Street Address	City	State	Zip
Douglas Edwards	41 West Main Street	N. Kingstown	RI	02852

Director Name	Street Address	City	State	Zip
Mathew M. Marion	41 West Main Street	N. Kingstown	RI	02852

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED
2,000

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 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.

[redacted] [redacted]

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.

Douglas Edwards 5/10/10
Signature *Date*

Douglas Edwards
Print or Type Name

President
Title

[redacted]

File Date FILED
Check No. MAY 21 2010
By: By
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Form 630 Rev. 08/08