



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. 109167		2. Name of Corporation Carries Seafood Express Inc							
3. Street Address Principal Business Office 1942 Smith St.				City North Providence	State RI	Zip 02911			
4. Business Phone No. 401-353-0971			5. State of Incorporation Rhode Island						
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 Michael T O'Brien				Vice President Name					
Street Address 345 Phares St.				Street Address					
City Bristol	State RI	Zip 02809	City	State	Zip				
Secretary Name Same				Treasurer Name Same					
Street Address				Street Address					
City	State	Zip	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				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 100		Class/Series		Par Value 0	

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.

**FILED**  
File Date: MAY 27 2010  
Check No.:  
By: DS  
FOR SECRETARY OF STATE USE ONLY 119125

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: Michael T O'Brien  
Date: 3-18-10  
Print or Type Name: President  
Title: President