

A. Ralph Mollis, Secretary of State Corporations Division 1-48 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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 within the content of the cont

| subject to a penalty fee of \$25.0 | <i>90.</i> | | | | | |
|----------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|----------------------------------------------|--------------------------------|------------------------------|--|
| 1. Corporate ID No. 36135 | | 2. Name of Corporation Live Maine Seafood, Inc. | | | | |
| 3. Street Address Principal Business Office 20 Walts Way | | | City Narragansett | State RI | Σφ 02882 | |
| 4. Business Phone No. 401-789-2660 | | 5. State of Incorporation Rhode Island | | | | |
| 6. Brief Description of the Cha. Wholesale and retail se | nucter of Business Condu eafood | cted in Rhode Island | | | <u> </u> | |
| 7. NAMES AND ADDRE | SSES OF THE OFF | ICERS: ("X" BOX FOR ATTA | CHMENT) FILL IN : | SPACES BEFORE USING | ATTACHMENTS | |
| President Name | | | Vice President Name | | | |
| David Nuss | | | David Nuss | | | |
| Street Address 20 Walts Way | | | Street Address 20 Walts Way | | | |
| City Narragansett | State RI | ^{Zip} 02882 | City Narragansett | State RI | ^{Zip} 02882 | |
| Secretary Name David Nuss | | | Treasurer Name David Nuss | | | |
| Street Address 20 Walts Way | | | Street Address 20 Walts Way | | | |
| City Narragansett | State RI | ^{Zip} 02882 | City Narragansett | State RI | <i>Ζψ</i> 02882 | |
| 8. NAMES AND ADDRE | SSES OF THE DIR | ECTORS: ("X" BOX FOR AT | | | | |
| Director Name | | (11 2011 1011 1111 | Director Name | STACES BEFORE USIN | W ATTACHMENTS | |
| David Nuss | | | None | | | |
| Street Address | | | Street Address | | | |
| 20 Walts Way | | | <u>:</u> | | | |
| City | State | Zip | City | State | Zip | |
| Narragansett | RI | 02882 | | | | |
| Director Name None | | | Director Name None | | | |
| Street Address | | | Street Address | | | |
| СНу | State | Zip | · City | State | Zip | |
| • | | | | Situe | Z.47 | |
| 9. SHARES AUTHORIZED | | | i 10. Shares issued ("X" BOX FOR ATTACHMENT) | | | |
| | | | ISSUED SHARES — THIS SE | CTION <u>MUST</u> BE COMPLETED | | |
| This information is curr | ently of record in th | ne Office of the Secretary of | Number of Shares | Class/Series | Par Value | |
| State. Changes require an additional filing. See Section 9 of instruction sheet. | | | 100 | common | no par | |
| | | | | | | |
| This report must be executhis report must be executive. | cuted on behalf of th | ne corporation by an authorize e corporation by the receiver | ed representative. If the coor trustee. | orporation is in the hand | ls of a receiver or trustee, | |
| | | • | | | | |

| File Date | FILED |
|-----------|----------------------------|
| Check No | FEB 0 7 2011 |
| BY | SECRETARY OF STATE USE ONE |

| Under penalty of perjury, I declare and affirm including any accompanying schedules and s | |
|-------------------------------------------------------------------------------------------|-------|
| contained herein are true and correct. | 1/4/4 |
| | |
| Signature | Date |
| David Nuss | |
| Print or Type Name | |
| President | |
| Title | |