



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 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 subject to a penalty fee of \$25.00.

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	Zip 02882
4. Business Phone No. 401-789-2660		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Wholesale and retail seafood					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Nuss			Vice President Name 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	Zip 02882
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David Nuss			Director Name None		
Street Address 20 Walts Way			Street Address		
City Narragansett	State RI	Zip 02882	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 <u>MUST</u> BE COMPLETED		
			Number of Shares 100	Class/Series common	Par Value 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.

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 \_\_\_\_\_ Date 1/4/11  
David Nuss  
Print or Type Name  
President  
Title

File Date **FILED**  
Check No. FEB 07 2011  
By: 1993  
BY \_\_\_\_\_  
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