



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. 93868		2. Name of Corporation QUITO'S SHELLFISH AND RESTAURANT, INC			
3. Street Address Principal Business Office 411 THAMES ST, PO BOX 204			City BRISTOL	State RI	Zip 02809
4. Business Phone No. 4012534500		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PURCHASING, SELLING, DISTRIBUTING AT WHOLESALE & RETAIL, ALL MANNER & TYPE OF SHELLFISH					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ALBERT P QUITO			Vice President Name ALBERT P QUITO		
Street Address 95 PEACEFUL WAY			Street Address 95 PEACEFUL WAY		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ALBERT P QUITO			Director Name		
Street Address 95 PEACEFUL WAY			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 3000 No Par Value			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	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.

FILED

File Date OCT 11 2011
Check No. By mms
By: 9324
FOR SECRETARY OF STATE USE ONLY

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 [Signature] Date 10/6/2011
Print or Type Name
ALBERT P QUITO
PRESIDENT
Title