STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No. 87570	2. Exact name of the Corporation STONEBRIDGE SHELLFISH CORPORATION
3. Principal office address 17 POINT ROAD	City PORTSMOUTH State RI Zip 02871
4. Business Phone No. 401-683-1011	5. State of Incorporation RHODE ISLAND
6. Brief description of the character of business conducted in Rhode Island TO PURCHES AND SELL SHELLFISH AND CUT FISH ON A RETAIL AND WHOLESALE LEVEL	

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name ADAM IAFRATE	Vice-President Name NONE
Street Address 136 RIVERSIDE DRIVE #1	Street Address
City TIVERTON State R.I. Zip 02878	City State Zip
Secretary Name DONNA IAFRATE	Treasurer Name ADAM IAFRATE
Street Address 188 CEDAR AVE.	Street Address 136 RIVERSIDE DRIVE #1
City PORTSMOUTH State R.I. Zip 02871	City TIVERTON State R.I. Zip 02878

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name ADAM IAFRATE	Director Name DONNA IAFRATE
Street Address 136 RIVERSIDE DRIVE #1	Street Address 188 CEDAR AVE
City TIVERTON State R.I. Zip 02878	City PORTSMOUTH State R.I. Zip 02871
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED	**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	8,000.00	CWP	$ 0.01

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 _____
Check No MAR 0 6 2012
BY: 1504

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.

Alessio B. Iafrate 3/3/12
Signature of Authorized Representative Date

ALESSIO B. IAFRATE
Print or Type Name of Authorized Representative

Form No. 630
Rev 74069n10-732610