



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. 37456		2. Exact name of the Corporation Paiva's Shellfish, Inc.						
3. Principal office address 1600 Elmwood Avenue		City Cranston	State RI	Zip 02910				
4. Business Phone No. (401)941-3850		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Wholesale and Retail of Selling Fish, Seafood, and Other Related Products								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name John F. Paiva			Vice-President Name Clotilde Paiva					
Street Address 221 Grace Street			Street Address 221 Grace Street					
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910			
Secretary Name John F. Paiva			Treasurer Name Clotilde Paiva					
Street Address 221 Grace Street			Street Address 221 Grace Street					
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name John F. Paiva			Director Name Clotilde Paiva					
Street Address 221 Grace Street			Street Address 221 Grace Street					
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910			
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.								
						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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

APR 02 2012

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 of Authorized Representative

Date

John F. Paiva

Print or Type Name of Authorized Representative

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SECRETARY OF STATE
CORPORATIONS DIV