

AMENDED



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. 00013066		2. Exact name of the Corporation SOUTH PIER FISH COMPANY INC.		
3. Principal office address 20 WALTZ WAY		City NARRAGANSETT	State RI	Zip 02880
4. Business Phone No. 401-783-6611		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island OPERATION OF FISH PROCESSING/DISTRIBUTION INCLUDING BUYING AND SELLING				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name JOHN GRELE		Vice-President Name CRIAG F. RAPOZA		
Street Address 24 INGLESIDE DRIVE		Street Address 2320 MIDDLE ROAD		
City CRANSTON	State RI	Zip 02905	City EAST GREENWICH	State RI
Secretary Name JOHN GRELE		Treasurer Name CRAIG F. RAPOZA		
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name JOHN GRELE		Director Name		
Street Address SAME AS ABOVE		Street Address		
City	State	Zip	City	State
Director Name CRAIG F. RAPOZA		Director Name		
Street Address SAME AS ABOVE		Street Address		
City	State	Zip	City	State
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
		1000	COMMON	NO PAR

2012 MAY -7 PM 2:43
SECRETARY OF STATE
CORPORATIONS DIV

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: _____

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.

FILED

John Grelle
Signature of Authorized Representative

05/04/2012
Date

FOR SECRETARY OF STATE USE ONLY

MAY 07 2012

JOHN GRELE
Print or Type Name of Authorized Representative

By DS 2:43



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

