



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 2013

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. 515031		2. Exact name of the Corporation PAONE SEAFOOD, INC.			
3. Principal office address 16 Tiogue Avenue			City West Warwick	State RI	Zip 02893
4. Business Phone No. (401) 615-9191			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island SALE OF SEAFOOD AND OTHER PREPARED FOOD					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Anthony J. Paone			Vice-President Name Thina E. Paone		
Street Address 16 Tiogue Avenue			Street Address 16 Tiogue Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Thina E. Paone			Treasurer Name Anthony J. Paone		
Street Address 16 Tiogue Avenue			Street Address 16 Tiogue Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	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.			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 _____

JAN 09 2013

Check No _____

By: _____ *By mnc*

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 of Authorized Representative _____ Date **1/14/13**

FOR SECRETARY OF STATE USE ONLY

Anthony J. Paone
 Print or Type Name of Authorized Representative _____

CH # 2140