



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 2014

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. 137658		2. Exact name of the Corporation GROTTA BAY IMPORTS COMPANY			
3. Principal office address 1300 DIVISION ROAD, UNIT 101		City WEST WARWICK	State RI	Zip 02893	
4. Business Phone No. 401 885-0200		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island FROZEN SEAFOOD BROKER / TRADER					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CHRIS DELLAGROTTA			Vice-President Name ANTHONY DELLAGROTTA		
Street Address 1300 DIVISION ROAD			Street Address 925 TARKILN ROAD		
City WEST WARWICK	State RI	Zip 02893	City HARRISVILLE	State RI	Zip 02830
Secretary Name CHRIS DELLAGROTTA			Treasurer Name CHRIS DELLAGROTTA		
Street Address 1300 DIVISION ROAD			Street Address 1300 DIVISION ROAD		
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 ANTHONY DELLAGROTTA SR			Director Name ANTHONY DELLAGROTTA JR		
Street Address 123 TILLINGHAST ROAD			Street Address 925 TARKIKLN ROAD		
City EAST GREENWICH	State RI	Zip 02818	City HARRISVILLE	State RI	Zip 02830
Director Name CHRIS DELLAGROTTA			Director Name		
Street Address 1300 DIVISION ROAD			Street Address		
City WEST WARWICK	State RI	Zip 02893	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.					

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

JAN 13 2014

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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.

Chris DellaGrotta 01/08/2014
Signature of Authorized Representative Date

CHRIS DELLAGROTTA

Print or Type Name of Authorized Representative