RI SOS Filing Number: 201432976310 Date: 01/14/2014 4:00 PM

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.	2. Exact name of the Corporation		
54572	**SEASOURCE IMPORTS, LTD.**		
3. Principal office address: **20 NEWMAN AVENUE, SUITE 1025**	City: **RUMFORD**	State: **RI**	Zip: **02916**
4. Business Phone No.: **401-435-4500**	5. State of Incorporation: **RHODE ISLAND**		
6. Brief description of the character of business conducted in Rhode Island: **Importing and exporting of seafood.**			

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

President Name: **Edward M. Adams, Jr.**			Vice-President Name: **Michael J. Burke, Jr.**		
Street Address: **63 Pleasant Street**			Street Address: **71 Hoyt Avenue**		
City: **Rumford**	State: **RI**	Zip: **02916**	City: **Rumford**	State: **RI**	Zip: **02916**
Secretary Name: **Michael J. Burke, Jr.**			Treasurer Name: **Michael J. Burke, Jr.**		
Street Address: **71 Hoyt Avenue**			Street Address: **71 Hoyt Avenue**		
City: **Rumford**	State: **RI**	Zip: **02916**	City: **Rumford**	State: **RI**	Zip: **02916**

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

Director Name: **Michael J. Burke, Jr.**			Director Name: **Edward M. Adams, Jr.**		
Street Address: **71 Hoyt Avenue**			Street Address: **63 Pleasant Street**		
City: **Rumford**	State: **RI**	Zip: **02916**	City: **Rumford**	State: **RI**	Zip: **02916**
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

RECEIVED 2014 JAN 14 AM 11:27 SECRETARY OF STATE CORPORATIONS DIV

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.	100	CNP	0.00

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
JAN 14 2014
By: 49-214721
A.A. 11:27 A.M.

File Date _____
Check No _____
By: _____
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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.

Signature of Authorized Representative — Date: 1/9/14

Michael J. Burke, Jr.
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
101329-3-919450