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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			
33414	SEA-TREK ENTERPRISES, INC.			
3. Principal office address: 45 WATER STREET		City: EAST GREENWICH	State: RI	Zip: 02818
4. Business Phone No.: 401-884-3814		5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: GENERAL TRADING IN SEAFOOD PRODUCTS				

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

President Name: PETER B. COOP			Vice-President Name: MITCHELL I. SARNOFF		
Street Address: 45 WATER STREET			Street Address: 45 WATER STREET		
City: EAST GREENWICH	State: RI	Zip: 02818	City: EAST GREENWICH	State: RI	Zip: 02818
Secretary Name: PETER B. COOP			Treasurer Name: MITCHELL I. SARNOFF		
Street Address: 45 WATER STREET			Street Address: 45 WATER STREET		
City: EAST GREENWICH	State: RI	Zip: 02818	City: EAST GREENWICH	State: RI	Zip: 02818

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

Director Name: PETER B. COOP			Director Name: MITCHELL I. SARNOFF		
Street Address: 45 WATER STREET			Street Address: 45 WATER STREET		
City: EAST GREENWICH	State: RI	Zip: 02818	City: EAST GREENWICH	State: RI	Zip: 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	CLASS A	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
FEB 04 2014
BY 1641

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.

2/3/2014
Signature of Authorized Representative — Date

PETER B. COOP
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

102429-33-940809