



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 **2015**

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. 81107		2. Exact name of the Corporation Blue Moon Seafood, Ltd.		
3. Principal office address 20 Oakdale Road		City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-294-5566		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island RETAIL SALES OF SEAFOOD AND RESTAURNAT OPERATION.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name DANIEL P. MONTMARQUET		Vice-President Name Daniel P. Montmarquet		
Street Address 20 Oakdale Road		Street Address same		
City North Kingstown	State RI	Zip 02852	City	State
Secretary Name Daniel P. Montmarquet		Treasurer Name Daniel P. Montmarquet		
Street Address same		Street Address same		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Daniel P. Montmarquet		Director Name NONE		
Street Address same		Street Address		
City	State	Zip	City	State
Director Name NONE		Director Name NONE		
Street Address		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
		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.

File Date: _____
 Check No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
JAN 20 2015

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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.

Daniel P. Montmarquet
 Signature of Authorized Representative

1-15-15
 Date

Daniel P. Montmarquet
 Print or Type Name of Authorized Representative