



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. <b>76561</b>		2. Exact name of the Corporation <b>SEAFOOD UNLIMITED, INC.</b>			
3. Principal office address <b>292 Prospect Street</b>		City <b>South Kingstown</b>		State <b>RI</b>	Zip <b>02879</b>
4. Business Phone No. <b>(401) 741-9039</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Sale of seafood at wholesale</b>					
President Name <b>Daniel Calitri</b>			Vice-President Name		
Street Address <b>292 Prospect Street</b>			Street Address		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Secretary Name <b>Daniel Calitri</b>			Treasurer Name <b>Daniel Calitri</b>		
Street Address <b>292 Prospect Street</b>			Street Address <b>292 Prospect Street</b>		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>
Director Name <b>Daniel Calitri</b>			Director Name		
Street Address <b>292 Prospect Street</b>			Street Address		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <b>120</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par Value</b>

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.

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 A Calitri*  
Signature of Authorized Representative

*2/3/15*  
Date

**Daniel Calitri**

Print or Type Name of Authorized Representative