



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

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