



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 5500		2. Name of Corporation CASIMIRO, INC.			
3. Street Address Principal Business Office 40 MACONDRAY STREET			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 401-728-6088		5. State of Incorporation RHODE ISLAND			6. SIC Code 3236
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SEAFOOD MARKET					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name FRANCISCO CASIMIRO			Vice President Name FRANCISCO CASIMIRO		
Street Address 4 PARKER STREET			Street Address 4 PARKER STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name FRANCISCO CASIMIRO			Treasurer Name FRANCISCO CASIMIRO		
Street Address 4 PARKER STREET			Street Address 4 PARKER STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name FRANCISCO CASIMIRO			Director Name FRANCISCO CASIMIRO		
Street Address 4 PARKER STREET			Street Address 4 PARKER STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name FRANCISCO CASIMIRO			Director Name FRANCISCO CASIMIRO		
Street Address 4 PARKER STREET			Street Address 4 PARKER STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			100	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 5 5 0 0 *

File Date **2/24/04**
Check No. **11440**
By: **ls**

FOR SECRETARY OF STATE USE ONLY

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.

Francisco J. Casimiro **2-22-2004**
Signature of Officer Date

FRANCISCO CASIMIRO
Print or Type Name of Officer
PRESIDENT

Title of Officer