

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No.	2. Name of Corpora	1tion			
5500 3. Street Address Principal Business	CASIMIRO,	INC.	City	State	Zip
40 Macondray S	Street		Cumberland	RI	02864
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401-728-6088  7. Brief Description of the Character	•	RHODE ISLANI in Rhode Island			3236
Retail Seafood					
8. NAMES AND ADDRES President Name	SSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES B Vice President Name	EFORE USING ATTACE	IMENTS
Francisco Casimiro Street Address			Francisco Casi Street Address	miro	
4 Parker Stree	t		4 Parker Stree	:t	
City	State	Zip	City	State	Zip
Lincoln Secretary Name	RI	02865	Lincoln Treasurer Name	RI	02865
Francisco Casimiro Street Address			Francisco Casimiro Street Address		
4 Parker Street			4 Parker Street		
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865
9. NAMES AND ADDRES Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR ATT	CACHMENT) FILL IN SPACES  Director Name	S BEFORE USING ATTA	CHMENTS
Francisco Casi Street Address	miro		Street Address		
4 Parker Stree	t				
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED (*2) ISSUED SHARES	K" BOX FOR ATTACHMENT.	)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR VAL			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 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 2/29/00 74/59	that all statements contained herein are true and correct.  Lycunsco J Calin Date  Signature of Officer J Date
Check No.:	FRANCISCO CASIMIRO Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer