



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **5500** 2. Name of Corporation **CASIMIRO, INC.**
3. Street Address Principal Business Office City State Zip
40 Macondray Street Cumberland RI **02864**
4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-728-6088 **RHODE ISLAND** **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)

President Name Francisco Casimiro	Vice President Name Francisco Casimiro
Street Address 4 Parker Street	Street Address 4 Parker Street
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865
Secretary Name Francisco Casimiro	Treasurer Name Francisco Casimiro
Street Address 4 Parker Street	Street Address 4 Parker Street
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name Francisco Casimiro	Director Name
Street Address 4 Parker Street	Street Address
City State Zip Lincoln RI 02865	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
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 *

File Date: 2/14/97

Check No.: 5844

By: [Signature]

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 2/12/97
Signature of Officer Date

FRANCISCO J. CASIMIRO
Print or Type Name of Officer

PRESIDENT
Title of Officer