

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 1. Entity ID No. 1111987 | | Exact name of the limited liability company North American Seafood, LLC Brief description of the character of business conducted in Rhode Island Real estate | | | | | |
|---|---------------------------|---|------------------------------|----------------------|---|--|--|
| 3. State of Formation | | | | | | | |
| i. Principal office address 450 Prospect Street | | | City Pawtucket | State RI | Zip 02860 | | |
| | LIMITED LIABILI | LY COMPANY AND | NAME ORTITLE OF CONTACT. | Person; | A STANTAGE OF THE STANTAGE OF | | |
| Contact Name Manuel D.S. Rodrigues | | Contact Title Member | Contact Title Member | | | | |
| Street Address 450 Prospect Street | | | City Pawtucket | State RI | Zip 02860 | | |
| ("X" BOX FOR ATTACH | (NAMES AND ADE MENT) [| PRESSES) OF THE | LIMITED LIABILITY COMPANY, I | FAPPLICABLE - DO | NOT ESSEMEMBERS | | |
| n∉ger Name ⊣1€ | | | Manager Name None | | | | |
| S. Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | | | Manager Name None | | | |
| | | | | | | | |
| None | | | | | | | |
| None Street Address | State | Zip | None | State | Zip | | |
| Manager Name None Street Address City B. RESIDENT AGENT IN RI | | Zip | None Street Address | State | | | |

| File Date | FILED | Under penalty of perjury, I declare and affirm that I have examined this report, including the accompanying schedules and statements, | | |
|---------------------------------|--------------|---|-----------------|--|
| Check No | NOV 1 6 2015 | and that all statements contained herein are tr | ue and correct. | |
| By: | 72872 | Signature of Authorized Person | Date | |
| BY_ | A (100) | Manuel D.S. Rodrigues, Member | | |
| FOR SECRETARY OF STATE USE ONLY | | Print or Type Name of Authorized Person | | |

Form No. 632 Revised: 01/2012