RI SOS Filing Number: 201694003320 Date: 03/07/2016 4:00 PM

**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 2016

**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. | 2. Exact name of the Corporation |
|---|---|
| **311857** | **LISBON SEAFOOD, INC.** |

| 3. Principal office address | City | State | Zip |
|---|---|---|---|
| **1428 South Main Street** | **Fall River** | **MA** | **02724** |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| **(508)672-3617** | **Massachusetts** |

6. Brief description of the character of business conducted in Rhode Island
**Buy and sell seafood**

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | Vice-President Name |
|---|---|
| **Victor M. DaSilva** | **None** |
| Street Address: **22 Cherry Lane** | Street Address: |
| City: **Tiverton** State: **RI** Zip: **02878** | City: State: Zip: |
| Secretary Name: **Nellie C. DaSilva** | Treasurer Name: **Nellie C. DaSilva** |
| Street Address: **22 Cherry Lane** | Street Address: **22 Cherry Lane** |
| City: **Tiverton** State: **RI** Zip: **02878** | City: **Tiverton** State: **RI** Zip: **02878** |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | Director Name |
|---|---|
| **Victor M. DaSilva** | **Nellie C. DaSilva** |
| Street Address: **22 Cherry Lane** | Street Address: **22 Cherry Lane** |
| City: **Tiverton** State: **RI** Zip: **02878** | City: **Tiverton** State: **RI** Zip: **02878** |
| Director Name: **None** | Director Name: **None** |
| Street Address: | Street Address: |
| City: State: Zip: | City: State: Zip: |

| 9. SHARES AUTHORIZED | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ | | |
|---|---|---|---|
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **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.** | 0 | | |
| | | | |

*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.**

Signature of Authorized Representative — Date: 2/11/2016

**Victor M. DaSilva**
Print or Type Name of Authorized Representative

**File Date** _____
**Check No** _____
**By:** _____
**FOR SECRETARY OF STATE USE ONLY**

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MAR 07 2016
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