



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. 140460		2. Exact name of the Corporation Metro Lobster & Seafood, Inc.				
3. Principal office address 8 New England Way		City Warwick		State RI	Zip 02886	
4. Business Phone No. 401-737-5250		5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island The purchase and sale of shellfish and other seafood and any other lawful business.						
President Name Russell De Petrillo			Vice-President Name Maria Dell Grotta			
Street Address same as above			Street Address 580 Seven Mile Road			
City	State	Zip	City	State	Zip	
			Hope	RI	02831	
Secretary Name Maria Dell Grotta			Treasurer Name Russell De Petrillo			
Street Address 580 Seven Mile Road			Street Address same as above			
City	State	Zip	City	State	Zip	
Hope	RI	02831				
8. LIST ALL DIRECTORS NAMES AND ADDRESSES						
Director Name Russell DePetrillo			Director Name			
Street Address same as above			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORITY						
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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
				200	Common	No Par Value

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.

File Date: **MAR 30 2016**
Check No: **271311**
By: **Russell De Petrillo**
FOR SECRETARY OF STATE

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.

Russell De Petrillo
Signature of Authorized Representative
Date: **3/10/16**
Print or Type Name of Authorized Representative