

Revised: 01/2012

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 ____ 20/4

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.		of the Corporation	ANOTIST WILL HE	30E1 114 A 4	23.00 FENA	LIFEE.	
904069 SEABRA FOODS II, INC.							
704069	SEABR	A FOODS 1	L, INC.				
3. Principal office address			City		State	Zip	
3. Principal office address 574 FERRY STREET			NEWAR	K	NJ	07	1/05
14. Businesş Phone No.			5. State of Incorporation				
(973) 7/2 - 0800 6. Brief description of the character of business conducted in Rhode Island			RHODE ISLAND				
6. Brief description of the charac	iter of business cor	nducted in Hhode Island	đ				
GROCERY							
7. LIST ALL OFFICERS (NAM	ES AND ADDRESS	SES) ("X", BOX FOR A			E LA SALVIER		
President Name			Vice-President Name				
ANTONIO SEABRA Street Address							
City NEWARK STREET Zip 07/05			Street Address SST				
City	State	Zip	City		State		-
NEWARK	NJ	07/05				(v)	71
Secretary Name	Treasurer Name						
ANTONIO SCABRA			ANTONIO SEABRA				
Street Address			Street Address				
574 FERRY	4 5 RER		374 City	FERR)	STRE	<u> </u>	
City VEWARK	State	07105	STY FERRY City NEWARK		State	- 107/05	
8. LIST ALL DIRECTORS (NAI	MES AND ADDRES	SSES) ("X" BOX FOR	ATTACHMENT)			n The Base Street Street of Marketine	
Director Name			Director Name				
ANTONIO SEABRA			Ohran Address				
Street Address STA FERRY STREET City State Zip NEWARK NT 07/05			Street Address				
City	State	Zin	City		State	Zip	
NEWARK	NI	07/0/	Ony .		Ciaio		
Director Name		1 - 7/ - 0	Director Name			ļ	
Street Address			Street Address				
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City '	State	Zip	City	:	State	Zip	
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9. SHARES AUTHORIZED	(1) (1) (1) (1) (1) (1) (1)	n De light teach an recut	10. SHARES ISSUED	CLASS/SE		PAR VALUE	र सर्वे हिल्लान्य, स्टब्स
This information is currently o	f record in the Off	ice of the Secretary	NUMBER OF STARES			 	
of State. Changes require an additional filing.			1,000	ِک ا	TK	\$0.	01
See Section 9 of instruction sh	ieet.						
This report must be executed o	n hahalf of the carr	paration by an authorize	od representative. If the	comoration i	e in the hands i	of a receiver	nr truetoo
This report must be executed of			the corporation by the i			n a rocerror c	or austee,
	4.604.64377		Under penalty of p				
File Date	this report, Including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Check No		HED.	and mat an statem	The contain	nerem are	nue anu co	/ /
Check No FILED			1 July 3/21/16				
By:	<u> </u>		Signature of Author	rized Repres	entative	7	Date
FOR SECRETARY OF STATE	USE ONLY AP	PR 2 1 2015	ANTON			·	
Form No. 630	02	مالوور ک	Print or Type Name	of Authorize	d Representati	ve	