

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

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.	2. Exact name of the limited liability company					
1033247	CROWN SEAFOOD COMPANY, LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	BUYING & SELLING OF FROZEN SEAFOOD					
5. Principal office address 70 ROMANO VINEYARD WAY, SUITE 105			City NORTH KINGSTOWN	State RI	Zip 02852	
	ITED LIABILIT	TY COMPANY AND NA	AME OR TITLE OF CONTACT PERSO	N:		
Contact Name JOHN J. COFFEY, JR.			Contact Title PRESIDENT			
Street Address 70 ROMANO VINEYARD WAY, SUITE 105			City NORTH KINGSTOWN	State RI	Zip 02852	
7. LIST <u>ALL</u> MANAGERS (NAI ("X" BOX FOR ATTACHMEN	WES AND ADD	PRESSES) OF THE LII	MITED LIABILITY COMPANY, IF APPL	ICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name JOHN J. COFFEY, JR.			Manager Name			
Street Address 70 ROMANO VINEYARD	WAY, SUI	TE 105	Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHOD	E ISLAND			1		
This information is currently of	f record in the	Office of the Secreta	ary of State. Changes require filing F	orm 642.		

FILED SEP 0 6 2016
BY 1011 65

File Date	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.			
Check No	and that anistatements contained nerein al	e true and correct.		
By:	Signature of Authorized Person	Date		
OR SECRETARY OF STATE USE ONLY	JOHN J. COFFEY, JR.			
OT OTHER OF STATE OF STATE	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012