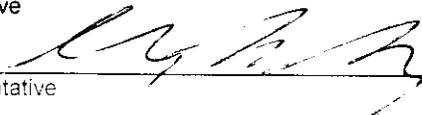




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 119251		2. Exact name of the Corporation Endeavor Seafood, Inc.			
3. Principal Office Address 110 William Street			City Newport	State RI	Zip 02840
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island Selling, reselling, distributing, wholesaling, producing, manufacturing, processing, harvesting and otherwise dealing with the seafood industry.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George Souza			Vice-President Name Michael Bush and Todd Clark		
Street Address 110 William Street			Street Address same as above		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Todd Clark			Treasurer Name Michael Bush		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	common	no par value
11. 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.					
Name of Authorized Representative George Souza, President					Date Jan 18, 2017
Signature of Authorized Representative 					

FILED

FEB 03 2017

14281

BY

FORM 630 - Revised: 10/2016

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov