



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.

02/21/2017
 10:10 AM

1. Entity ID Number 34916		2. Exact name of the Corporation Wharf Seafoods, Inc.			
3. Principal Office Address 15 Alfred Street			City Warwick	State RI	Zip 02886
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Purchase, sale, and distribution and other foods			
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 Stephen R. Babigian			Vice-President Name Kathleen A. Babigian		
Street Address 661 Chestnut Hill Road			Street Address 661 Chestnut Hill Road		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name Kathleen A. Babigian			Treasurer Name Stephen R. Babigian		
Street Address 662 Chestnut Hill Road			Street Address 661 Chestnut Hill Road		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		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 Stephen R. Babigian, President					Date 2/2/2017
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

FEB 10 2017

13904

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