



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 <b>36135</b>		2. Exact name of the Corporation <b>Live Maine Seafood, Inc.</b>			
3. Principal Office Address <b>20 Walts Way</b>			City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
4. NAICS Code <b>42 ; 44-45</b>		6. Brief description of the character of business conducted in Rhode Island <b>wholesale and retail of seafood</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>David Nuss</b>			Vice-President Name <b>David Nuss</b>		
Street Address <b>20 Walts Way</b>			Street Address <b>20 Walts Way</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
Secretary Name <b>David Nuss</b>			Treasurer Name <b>David Nuss</b>		
Street Address <b>20 Walts Way</b>			Street Address <b>20 Walts Way</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>David Nuss</b>			Director Name		
Street Address <b>20 Walts Way</b>			Street Address		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>common</b>	<b>no par</b>
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. <i>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.</i>					
Name of Authorized Representative <b>David Nuss</b>			<b>FILED</b> Date <b>2/1/2017</b>		
Signature of Authorized Representative 			<b>FEB 13 2017</b> BY		