

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2017 Corporation

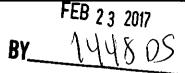
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$2		· '					
1. Entity ID Number <b>561941</b>		2. Exact name of the Corporation WILD ATLANTIC SEAFOOD, INC.					
Principal Office Address     Principal Office Address     Point Avenue			City WAKEFIELD		State RI	Zip 02879	
4. NAICS Code 11 - Agriculture, Forestry, 5. State of Incorporation RHODE ISLAND				conducted in Rhode		DUSTRY	
7. List ALL officers (names a	nd addresses)			Chec	k the box to in	dicate an attachment	
President Name CHRISTOPH	Vice-President Name NONE						
Street Address 81 POINT AVE	Street Address						
City WAKEFIELD	State RI	<sup>Žip</sup> 02879	City		State	Zip	
Secretary Name CHRISTOPHER ROEBUCK			Treasurer Name CHRISTOPHER ROEBUCK				
Street Address 81 POINT AVENUE			Street Address 81 POINT AVENUE				
City WAKEFIELD	State RI	<sup>Zip</sup> 02879	City WAKEFIELD		State RI	<sup>Zip</sup> 02879	
8. List ALL directors (names	and addresses)		•	Chec	k the box to in	dicate an attachment	
Director Name CHRISTOPHER ROEBUCK			Director Nam	Director Name NONE			
Street Address 81 POINT AVENUE			Street Address				
City WAKEFIELD	State RI	<sup>Zip</sup> 02879	City		State	Zip	
Director Name NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
			10. Shares Issued Check the box to indicate an attachmen				
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER O	F SHARES			PAR VALUE	
		100		COMMON		NO PAR VALUE	
<ol> <li>This report must be execut trustee, this report must be ex</li> </ol>	ited on behalf of the	corporation by an a	authorized repre	sentative. If the corp	oration is in th	e hands of a receiver or	
Under penalty of perjury, I o statements, and that all stat	declare and affirm t	hat I have examin	ed this report,		mpanying sci	hedules and	
Name of Authorized Represei					Date /	1. 1.	
CHRISTOPHER ROEBUCK,					y 3/	120/17	
Signature of Authorized Representation	esentative LMM	•	F	FILED			
<del></del>	ا حسیا		Pe				

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 02/2017