



State of Rhode Island and Providence Plantations

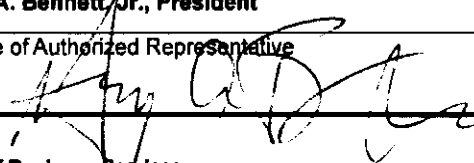
Department of State - Business Services Division

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 81284		2. Exact name of the Corporation Oceanview Foods, Inc.									
3. Principal Office Address 887 Greenwich Avenue			City Warwick	State RI	Zip 02886						
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Generally conduct the business of a fast food restaurant									
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 Harvey A. Bennett, Jr.			Vice-President Name Harvey A. Bennett, Jr.								
Street Address 887 Greenwich Avenue			Street Address 887 Greenwich Avenue								
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886						
Secretary Name Harvey A. Bennett, Jr.			Treasurer Name Harvey A. Bennett, Jr.								
Street Address 887 Greenwich Avenue			Street Address 887 Greenwich Avenue								
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name None			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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
200	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 Harvey A. Bennett, Jr., President					Date 3/20/17						
Signature of Authorized Representative 											

FILED

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

MAR 27 2017

BY AM 299353

FORM 630 - Revised: 02/2017