



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

AMENDED

Annual Report for the year: **2016**

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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 BUS SVCS DIV

2017 APR -5 PM 1:04

1. Entity ID Number <b>000826936</b>		2. Exact name of the Limited Liability Company <b>OCEAN CATCH SEAFOOD LLC</b>	
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island <b>SEAFOOD MARKET</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>566 KINGSTOWN ROAD</b>		City <b>WAKEFIELD</b>	State <b>RI</b>
		Zip <b>02879</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>JANE KARAKO</b>		Contact Title <b>OWNER-MANAGER</b>	
Street Address <b>566 KINGSTOWN ROAD</b>		City <b>WAKEFIELD</b>	State <b>RI</b>
		Zip <b>02879</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>JANE KARAKO</b>		Manager Name <b>N/A</b>	
Street Address <b>566 KINGSTOWN ROAD</b>		Street Address	
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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 Person <b>JANE KARAKO</b>		Date <b>4/5/2017</b>	
Signature of Authorized Person <i>Jane Karako</i>			

## MAIL TO:

## Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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 FILED

 BY *[Signature]*  
 FORM 632 - Revised: 02/2017



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

April 05, 2017 01:04 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

