



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014
CorporationRECEIVED
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- 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 000138542		2. Exact name of the Corporation Sea Creatures Aquarium Inc	
3. Principal Office Address 1455 Mineral Spring Ave		City N Prov	State RI
4. NAICS Code 453910		6. Brief description of the character of business conducted in Rhode Island Sale of fish	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John Vglowski		Vice-President Name John Vglowski	
Street Address 11 Autumn Circle		Street Address 11 Autumn Circle	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name John Vglowski		Treasurer Name John Vglowski	
Street Address 11 Autumn Circle		Street Address 11 Autumn Circle	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name John Vglowski		Director Name	
Street Address 11 Autumn Circle		Street Address	
City Cumberland	State RI	City	State
Zip 02864		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
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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 John Vglowski		Date 9/13/17	
Signature of Authorized Representative <i>[Signature]</i>			
SIGN DOCUMENT HERE			

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

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BY 312873

FORM 630 - Revised: 08/2017