



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

**FILED  
STAMP**

FEB 01 2018

BY

1307318  
2018

1. Entity ID Number <b>76561</b>		2. Exact name of the Corporation <b>SEAFOOD UNLIMITED, INC.</b>			
3. Principal Office Address <b>292 Prospect Street</b>		City <b>South Kingstown</b>		State <b>RI</b>	Zip <b>02879</b>
4. NAICS Code <b>424460</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sale of seafood at wholesale</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>Daniel Calitri</b>			Vice-President Name		
Street Address <b>292 Prospect Street</b>			Street Address		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Secretary Name <b>Daniel Calitri</b>			Treasurer Name <b>Daniel Calitri</b>		
Street Address <b>292 Prospect Street</b>			Street Address <b>292 Prospect Street</b>		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</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>Daniel Calitri</b>			Director Name		
Street Address <b>292 Prospect Street</b>			Street Address		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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>120</b>	<b>Common</b>	<b>No Par Value</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. <b>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.</b>					
Name of Authorized Representative <b>Daniel Calitri</b>				Date <b>1/26/18</b>	
Signature of Authorized Representative <i>Daniel A. Calitri</i>				SIGN DOCUMENT HERE	

## MAIL TO:

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: 10/2017