



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS  
 2018 FEB - 9 AM 11:44

**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.

1. Entity ID Number <b>151174</b>		2. Exact name of the Corporation <b>PESCATORE SEAFOOD, INC.</b>			
3. Principal Office Address <b>1505 ATWOOD AVENUE</b>			City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>311710</b>		6. Brief description of the character of business conducted in Rhode Island <b>SALE OF SEAFOOD PRODUCTS</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>Joseph Pescatore</b>			Vice-President Name <b>Joseph Pescatore</b>		
Street Address <b>7 Buratti Road</b>			Street Address <b>7 Buratti Road</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Susan Pescatore</b>			Treasurer Name <b>Susan Pescatore</b>		
Street Address <b>7 Buratti Road</b>			Street Address <b>7 Buratti Road</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</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			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		10. Shares Issued <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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>500</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>Joseph Pescatore</b>					Date <b>2-9-18</b>
Signature of Authorized Representative <i>X Joseph Pescatore</i>			<b>SIGN DOCUMENT HERE FILED</b>		

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

**FEB 09 2018**  
**BYA 323856**

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