



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.

RECEIVED
STATE
SECRETARY OF
CORPORATION
DIV.
2018 FEB -9 AM 11:48

1. Entity ID Number 151174		2. Exact name of the Corporation PESCATORE SEAFOOD, INC.			
3. Principal Office Address 1505 ATWOOD AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 311710	6. Brief description of the character of business conducted in Rhode Island SALE OF SEAFOOD PRODUCTS				
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 Joseph Pescatore			Vice-President Name Joseph Pescatore		
Street Address 7 Buratti Road			Street Address 7 Buratti Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Susan Pescatore			Treasurer Name Susan Pescatore		
Street Address 7 Buratti Road			Street Address 7 Buratti Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 Joseph Pescatore					Date 2-9-18
Signature of Authorized Representative <i>Joseph Pescatore</i>					FILED
SIGN DOCUMENT HERE					

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

FEB 09 2018

BY **323856**

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