RI SOS Filing Number: 201859274130 Date: 2/26/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FEB **26 2018**

BY 14155

Entity ID Number	2. Exact nam	e of the Corporation	in				
2441 h	Wharf Se	afoods, Inc.					
3. Principal Office Address		City		State	Zıp		
15 Alfred Street			Warwick		RI	02886	
4. NAICS Code	6. Brief descr	iption of the charac	cter of business	conducted in Rhod	e Island	· · · · · · · · · · · · · · · · · · ·	
445220	Purchase, s	Purchase, sale, and distribution and other foods					
5. State of Incorporation	 						
Rhode Island							
7. List ALL officers (names and	d addresses)			Che	ck the hoy to in	ndicate an attachment	
President Name Stephen R. Babigian			Vice-President Name Kathleen A. Babigian				
Street Address 661 Chestnut H	Street Address 661 Chestnut Hill Road						
City South Kingstown	State RI	^{Zip} 02879	City South Kingstown		State RI	^{Zip} 02879	
Secretary Name Kathleen A. Babigian			Treasurer Name Stephen R. Babigian				
Street Address 662 Chestnut Hill Road			Street Address 661 Chestnut Hill Road				
City South Kingstown	State RI	^{Zip} 02879	City South Kingstown		State RI	^{Zip} 02879	
8. List ALL directors (names a	ind addresses)				ck the box to i	ndicate an attachment 🔲	
Director Name			Director Nan	ne			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Issued		Che	Check the box to indicate an attachment		
This information is currently of	record in the	NUMBER OF SHARES		CLASS/SE		PAR VALUE	
Department of State.		100		Common		No par value	
Changes require an additional s	filing.		· · · · · · · · · · · · · · · · · · ·				
11. This report must be execu	ited on behalf of the	corporation by an	authorized repre	esentative. If the co	rporation is in	the hands of a receiver or	
trustee, this report must be ex	recuted on behalf of	f the corporation by	the receiver or	trustee			
Under penalty of perjury, I o				, including any acc	ompanying s	criedules and	
Name of Authorized Represer		ere irue a	55/1001.		Date ,		
Stephen R. Babigian, President							
Signature of Authorized Repre	esentative	SIGNO	OGWMENT HER	:E			

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