RI SOS Filing Number: 201859593600 Date: 3/1/2018 4:00:00 PM 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. 1. Entity ID Number 2. Exact name of the Corporation 140460 Metro Lobster & Seafood, Inc. 3. Principal Office Address City State Zip 8 New England Way Warwick 02886 RI 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 445220 The purchase and sale of shellfisch and other seafood any any other lawful business. 5. State of Incorporation Rhode Island 7. List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name Maria Dell Grotta President Name Russell De Petrillo Street Address 8 New England Way Street Address 580 Seven Mile Road State RI State RI City Warwick Zip 02886 City Hope <sup>Zip</sup> 02831 Secretary Name Maria Dell Grotta Treasurer Name Russell De Petrillo Street Address 580 Seven Mile Road Street Address 8 New England Way State RI City Hope City Warwick State RI 02886 <sup>Zip</sup>02831 <sup>Zip</sup> 02831 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Russell De Petrillo Street Address 8 New England Way Street Address State RI Zip 02886 City State Zip Warwick Director Name Director Name Street Address Street Address City State Zip City State 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VALUE Department of State. 200 Common No Par Value Changes require an additional filing. 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

Signature of Authorized Representative

Russell De Petrillo, President

SIGN DOCUMENT HMAR 0 1 2018

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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