



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

FOR

→ 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 311857		2. Exact name of the Corporation LISBON SEAFOOD, INC.			
3. Principal Office Address 1428 South Main Street			City Fall River	State MA	Zip 02724
4. NAICS Code 445220		6. Brief description of the character of business conducted in Rhode Island PURCHASING AND MARKET SELLING FRESH SEAFOOD DAILY			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Victor M. DaSilva			Vice-President Name None		
Street Address 22 Cherry Lane			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Nellie C. DaSilva			Treasurer Name Nellie C. DaSilva		
Street Address 22 Cherry Lane			Street Address 22 Cherry Lane		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Victor M. DaSilva			Director Name Nellie C. DaSilva		
Street Address 22 Cherry Lane			Street Address 22 Cherry Lane		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 0	CLASS/SERIES N/A	PAR VALUE N/A
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 Victor M. DaSilva				Date 3-12-18	
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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