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

FILED
MAY 29 2017
BY 10869

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			
904067	Seabra Foods III, Inc.			
3. Principal Office Address		City	State	Zip
574 Ferry Street		Newark	NJ	07105
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445110	Grocery store			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Antonio Seabra			Vice-President Name:		
Street Address: 574 Ferry Street			Street Address:		
City: Newark	State: NJ	Zip: 07105	City:	State:	Zip:
Secretary Name: Antonio Seabra			Treasurer Name: Antonio Seabra		
Street Address: 574 Ferry Street			Street Address: 574 Ferry Street		
City: Newark	State: NJ	Zip: 07105	City: Newark	State: NJ	Zip: 07105

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Antonio Seabra			Director Name:		
Street Address: 574 Ferry Street			Street Address:		
City: Newark	State: NJ	Zip: 07105	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	$0.01

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	Date
Antonio Seabra	5/18/18
Signature of Authorized Representative	

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