RI SOS Filing Number: 201867621870 Date: 5/29/2018 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.

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BY	114	<u>></u> 0	

Entity ID Number	2. Exact name	2. Exact name of the Corporation							
904068	Seabra I	Seabra Foods I, 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 sto	Grocery store							
5. State of Incorporation									
RI									
7. List ALL officers (names and	d addresses)		T. a. e.		he box to indi	cate an attachment 🔲			
President Name Antonio Seab	ra		Vice-President Name						
Street Address 574 Ferry Stre	et		Street Address						
^{City} Newark	State NJ	Z _{IP} 07105	City		State	Zıp			
Secretary Name Antonio Seat	ora		Treasurer Name Antonio Seabra						
Street Address 574 Ferry Stre	Ferry Street		Street Address 574 Ferry Street						
^{City} Newark	State NJ	Z _{IP} 07105	City Newar	k	State NJ	Zip 07105			
8. List ALL directors (names a	nd addresses)	•			the box to ind	icate an attachment 🔲			
Director Name Antonio Seabra			Director Name						
Street Address 574 Ferry Street			Street Address						
City Newark	State NJ	Z _{IP} 07105	City		State	Zip			
Director Name			Director Name	:		<u> </u>			
Street Address			Street Address						
City	State	Zip	City		State	Zıp			
9. Shares Authorized		10. Shares Issu				icate an attachment			
This information is currently of record in the Department of State.		NUMBER OF	SHARES	C. ASS/SFRIES	;	PAR VALUE			
·		100		Common		\$0.01			
Changes require an additional f	iling.								
11. This report must be execu-					ration is in the	hands of a receiver or			
trustee, this report must be ex Under penalty of perjury, I d					nanvina sah	edules and			
under penaity of perjury, i d statements, and that all stat				невинну ану ассоп 	ipanying sch				
Name of Authorized Representative				Date					
Antonio Seabra				5/18/18					
Signature of Authorized Repre	esentitive	Lealra							
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov