State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAY 29 2017

BY 11450

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
904068	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 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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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: Antonio Seabra

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