



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 904069		2. Exact name of the Corporation Seabra Foods II, Inc.			
3. Principal Office Address 574 Ferry Street			City Newark	State NJ	Zip 07105
4. NAICS Code 445110	6. Brief description of the character of business conducted in Rhode Island 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			
This information is currently of record in the Department of State. Changes require an additional filing.		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 Antonio Seabra				Date 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

FILED

MAY 29 2018

BY

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FORM 630 - Revised: 10/2017