



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

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
STATE
SECRETARY OF
CORPORATIONS
2019 MAR - 1 AM 8:46

1. Entity ID Number 81284		2. Exact name of the Corporation Oceanview Foods, Inc.										
3. Principal Office Address 887 Greenwich Avenue		City Warwick	State RI									
		Zip 02886										
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island Generally conduct the business of a fast food restaurant											
5. State of Incorporation Rhode Island												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Harvey A. Bennett, Jr.		Vice-President Name Harvey A. Bennett, Jr.										
Street Address 887 Greenwich Avenue		Street Address 887 Greenwich Avenue										
City Warwick	State RI	Zip 02886	City Warwick									
			State RI									
			Zip 02886									
Secretary Name Harvey A. Bennett, Jr		Treasurer Name Harvey A. Bennett, Jr										
Street Address 887 Greenwich Avenue		Street Address 887 Greenwich Avenue										
City Warwick	State RI	Zip 02886	City Warwick									
			State RI									
			Zip 02886									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip	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 <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	common	no par value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
200	common	no par value										
Changes require an additional filing.												
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 Harvey A. Bennett, Jr., President			Date									
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
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BY 8234
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