

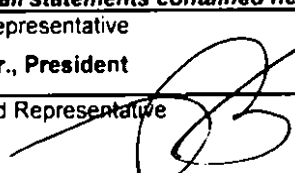


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

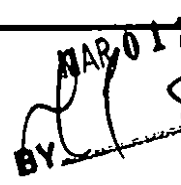
Annual Report for the year: 2019
Corporation

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

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 STATE
 SECRETARY OF
 CORPORATIONS
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| | | | |
|--|--|---|------------------------|
| 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. Changes require an additional filing. | | NUMBER OF SHARES | |
| | | CLASS/SERIES | |
| | | PAR VALUE | |
| | | 200 | common |
| | | | no par value |
| 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. <i>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.</i> | | | |
| Name of Authorized Representative Harvey A. Bennett, Jr., President | | | Date |
| Signature of Authorized Representative  | | | |

GOV DOCUMENT HERE **FILED**

BY  **MAR 01 2019**
8234
8:46

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov