



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.

FILED

MAR 25 2019

BY

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| | | | | | |
|---|-------------|--|-------------------------------------|-----------------|--------------|
| 1. Entity ID Number 311857 | | 2. Exact name of the Corporation LISBON SEAFOOD, INC. | | | |
| 3. Principal Office Address 1428 South Main Street | | | City Fall River | State MA | Zip 02724 |
| 4. NAICS Code 445220 | | 6. Brief description of the character of business conducted in Rhode Island Purchasing and market selling fresh seafood daily | | | |
| 5. State of Incorporation Massachusetts | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Victor M. DaSilva | | | Vice-President Name None | | |
| Street Address 22 Cherry Lane | | | Street Address | | |
| City Tiverton | State RI | Zip 02878 | City | State | Zip |
| Secretary Name Nellie C. DaSilva | | | Treasurer Name Nellie C. DaSilva | | |
| Street Address 22 Cherry Lane | | | Street Address 22 Cherry Lane | | |
| City Tiverton | State RI | Zip 02878 | City Tiverton | State RI | Zip 02878 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Victor M. DaSilva | | | Director Name Nellie C. DaSilva | | |
| Street Address 22 Cherry Lane | | | Street Address 22 Cherry Lane | | |
| City Tiverton | State RI | Zip 02878 | City Tiverton | State RI | Zip 02878 |
| Director Name None | | | Director Name None | | |
| 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 <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES | | CLASS/SERIES | |
| | | 0 | | | |
| | | | | 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. 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 Victor M. DaSilva | | | | Date 3-12-19 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

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