



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 STAMP
 SECRETARY OF STATE
 CORPORATIONS DIV.

2019 MAR 29 AM 10:48

1. Entity ID Number 140460		2. Exact name of the Corporation Metro Lobster & Seafood, Inc.			
3. Principal Office Address 8 New England Way			City Warwick	State RI	Zip 02886
4. NAICS Code 445220		6. Brief description of the character of business conducted in Rhode Island The purchase and sale of shellfish and other seafood and any other lawful business.			
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 Russell DePetrillo			Vice-President Name Maria Dell Grotta		
Street Address 8 New England Way			Street Address 580 Seven Mile Road		
City Warwick	State RI	Zip 02886	City Hope	State RI	Zip 02831
Secretary Name Maria Dell Gotta			Treasurer Name Russell DePetrillo		
Street Address 580 Seven Mile Road			Street Address 8 New England Way		
City Hope	State RI	Zip 02831	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 Russell DePetrillo			Director Name		
Street Address 8 New England Way			Street Address		
City Warwick	State RI	Zip 02886	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
			1000		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 Russell DePetrillo, President					Date 3/12/19
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

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

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