State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 001662306	Fee: \$50.00
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019	
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ANNUAL REPORT YEAR: 2019	
1. ID No. <u>001662306</u>	
2. Exact Name of the Limited Liability Company <u>Vitamin Sea Imports LLC</u>	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity	/. Download
the list of codes here. More information on NAICS can be found online.	
<u>424460</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rho	de Island
WHOLESALE SEAFOOD	
5. Principal Office Address	
No. and Street: 5600 POST ROAD, #114	
<u>PO BOX 158</u> City of Town: EAST CREENWICH State: PL Zin, 02818 Countr	
	ry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: <u>MICHAEL A. FATTORE</u> Contact Title: <u>PRESIDENT</u> No. and Street: 5600 POST ROAD #114	
	ry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	
Title Individual Name Address	
First, Middle, Last, Suffix Address, City or Town, State, Zip Co	ode, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MICHAEL ST. PIERRE <u>REVENS, REVENS, & ST. PIERRE</u> <u>946 CENTERVILLE ROAD</u> <u>WARWICK</u>, <u>RI</u> <u>02886</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 18 Day of September, 2019 at 10:41:33 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>MICHAEL A. FATTORE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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