



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119251		2. Name of Corporation Endeavor Seafood, Inc.			
3. Street Address Principal Business Office 172 THAMES STREET 2ND FLOOR			City NEWPORT	State RI	Zip 02840-
4. Business Phone No. 4018418637		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island SELLING, RE-SELLING, DISTRIBUTING, WHOLESALING, PRODUCING, MANUFACTURE, PROCESSING HARVESTING AND OTHERWISE DEALING WITH THE SEAFOOD INDUSTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name George Souza			Vice President Name Michael Bush & Todd Clark		
Street Address 172 Thames Street, 2nd Floor			Street Address same		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Todd Clark			Treasurer Name Michael Bush		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			300	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 9 2 5 1

119251 DBC 01/25/05 02:57:59 PM

File Date 2-7-05

Check No. 2405

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

George Souza

Print or Type Name of Officer

President

Title of Officer

Date

1/27/05



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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President Name George Souza			Vice President Name Michael Bush & Todd Clark		
Street Address 172 Thames Street, 2nd Floor			Street Address same		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Todd Clark			Treasurer Name Michael Bush		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			300	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 9 2 5 1

119251 DBC 02/13/04 12:12:22 PM

File Date 3/9/04

Check No 1794

By: W.

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

George Souza

Print or Type Name of Officer

President

Title of Officer

Date

2/19/04



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Innian, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *119251*		2. Name of Corporation Endeavor Seafood, Inc.			
3. Street Address Principal Business Office 172 THAMES STREET 2ND FLOOR			City NEWPORT	State RI	Zip 02840-
4. Business Phone No. 4018418637		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island SELLING, RE-SELLING, DISTRIBUTING, WHOLESALING, PRODUCING, MANUFACTURE, PROCESSING HARVESTING AND OTHERWISE DEALING WITH THE SEAFOOD INDUSTRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name George Souza			Vice President Name Michael Bush & Todd Clark		
Street Address 172 Thames Street, 2nd Floor			Street Address same		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Todd Clark			Treasurer Name Michael Bush		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
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Director Name None			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			300	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 2 5 1 *

119251 DBC 1/13/03 1:29:17 PM

File Date 2-6-03

Check No. 1047

By: UP

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

George Souza

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND
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Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

119251

2. Name of Corporation

Endeavor Seafood, Inc.

3. Street Address Principal Business Office

172 Thames Street, 2nd Floor

City

Newport

State

RI

Zip

02840

4. Business Phone No.

(401) 841-8637

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Sales, distribution, manufacture, processing of seafood.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

George Souza

Street Address

172 Thams Street, 2nd Floor

City State Zip

Newport

RI

02840

Secretary Name

Todd Clark

Street Address

same

City State Zip

Vice President Name

Michael Bush & Todd Clark

Street Address

same

City State Zip

Treasurer Name

Michael Bush

Street Address

same

City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

None

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

10. ~~STOCK INFORMATION~~ AUTHORIZED SHARES

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

8,000 NO PAR VALUE

11. ~~STOCK INFORMATION~~ ISSUED SHARES

ISSUED SHARES

Number of Shares Class/Series Par Value

300 common no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 2 5 1 *

File Date: 2.22.02

Check No.: 204

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

George Souza

Print or Type Name of Officer

President

Title of Officer

Date