

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

r ning Perioa: January (FORM MUST BE TYPED I		rung ree: \$50.00					
1. Corporate ID No.	2. Name of Corp.						
119251	Endeavor 9	Seafood, Inc.					
3. Street Address Principal Business Office			City	State	Zip		
172 THAMES STREET 2ND FLOOR			NEWPORT	RI	02840-		
4. Business Phone No. 5. State of Incorpt 4.018418637 RHODE ISL		5. State of Incorpo	ration		6. SIC Code		
		AND					
7. Brief Description of the C					- , , , , , , , , , , , , , , ,		
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L83 NAMESAND ADDR	ESSES OF THE OF	FICERSIC'X" BOX FO	R'ATTACHMENT) FILIXIN S	PACES BEFORE USING A	TTACHMENTS		
President Name			Vice President Name	Vice President Name			
George Souza				• Michael Bush & Todd Clark			
Sime Address 172 Thames Street, 2nd Floor			Street Address				
	Siate		· same				
City Newport	RI	<i>Zip</i> 02840	City	State	Zip		
Secretary Name	! ***	02040	Treasurer Name		J		
Todd Clark			Michael Bush				
Street Address			Street Address				
same as above			.same as above				
City	State	Zıp	*City	State	Zip		
		·	•		'		
9. NAMES AND ADDR	ESSES OF THE DI	RECTORS C'X" BOX F	OR ATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS		
Director Name			Director Name		* * * * * * * * * * * * * * * * * * *		
None			•				
Sireei Address			Sireei Address				
			•				
City	State	Zip	· City	State	Zıp		
]						
Director Name			· Director Name				
Street Address		 			· · · · · · · · · · · · · · · · · · ·		
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103SHARES AUTHOR	IZED C'X; BOX FO	RATTACHMENT) [1] E.	SEL HALL SHARES ISSUED (*)	X": BOX FOR ATTACHMEN	vi □ (& v < 4 ·		
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
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0,000 NO 1 AIL VALO			300	common	no par value		
this report must be sig	ined in ink by eith	ier the President, Vic	e President, Secretary, Assi	istant Secretary, Treasi	urer, Receiver or Trustee		
<u> </u>							
1 1	0 3 6 4						

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



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 2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED IN BI 1. Corporate ID No.	ACK) 2. Name of Corporat	tion					
119251	Endeavor Sea						
3. Street Address Principal Business Office			City	State	Zip		
172 THAMES STREET 2ND FLOOR			NEWPORT	RI	02840-		
4. Business Phone No. 5. State of Incorpor		5. State of Incorpora	ntion		6. SIC Code		
4018418637 RHODE ISLA			ND				
7. Brief Description of the Charac			····				
SELLING, RE-SELLING,	DISTRIBUTING	, WHOLESALING, I	PRODUCING, MANUPACTU	RE, PROCESSING HARV	ESTING AND		
OTHERWISE DEALING WI 8: NAMES AND ADDRESS	ES OF THE OFFICE	CERS ("X" BOX FOR	ATTACHMENT) TILLIAN	SPACES BEFORE USING AT	TACHIMENIA ALL COM		
President Name			Vice President Name				
George Souza			. Michael Bush	& Todd Clark			
Street Address			Street Address				
172 Thames Street,	2nd Floor		same				
City	State	Zip	City	State	Zip		
Newport	RI	02840	•				
Secretary Name		• • • • • • • • • •	Treasurer Name	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
Todd Clark			Michael Bush	Michael Bush			
Street Address			'Sireei Address				
same as above			.same as above				
City	State	Zip	·Cln·	State	Zip		
	<u> </u>		•				
9. NAMES AND ADDRESS	es of the direc	CTORS ("X" BOX FO	RATTACHMENT) FILL I	N SPACES BEFORE USING	ATTACHMENTS ()		
Director Name			Director Name				
None			•				
Sircei Address			· Sireei Address				
			•				
City:	State	Zip	·City·	State	Zip		
·• • • • • • • • • • • • •	J]		
Director Name			· Director Name				
		<u> </u>					
Street Address			·Sircet Address				
City	State	Zip	.Ciŋ [,]	State	Zip		
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10. SHARES AUTHORIZE	D ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X", BOX FOR ATTACHMEN	カロサイトを対象を対象		
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		
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This report must be signed	in ink by either	the President, Vice	President, Secretary, As:	sistant Secretary, Treasi	irer, Receiver or Trustei		
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FOR SECRETARY OF STATE USE ONLY

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

Form 630 12/01



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 2003 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation *119251* Endeavor Seafood, Inc. 3. Street Address Principal Business Office CivState 172 THAMES STREET 2ND FLOOR NEWPOPRT RI 02840-4. Business Phone No. 5. State of Incorporation 6. SIC Code 4018418637 RHODE ISLAND 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 SEAPOOD INDUSTRY President Name Vice President Name George Souza · Michael Bush & Todd Clark Street Address Sireei Address 172 Thames Street. 2nd Floor same City State Zip City State Zin RI 02840 Newport Secretary Name Treasurer Name Todd Clark Michael Bush Street Address Sireci Address same .same City Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS FOR A STACHMENTS FOR A STACHMENT | Director Name Director Name None Street Address Street Address City State Zip City State Žip Director Name Director Name Street Address ·Street Address City State Zip Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **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

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FOR SECRET	ARY 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 Sourza

George Souza
Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

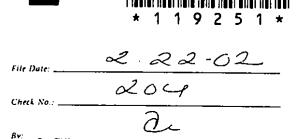
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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Filing Period: Januar	y i-march i +	Filling Fee: \$50.00			INTRUCTO	υX
FORM MUST BE TYPED IN BL	ACK)					
1. Corporate ID No.	2. Name of Corporat	lon	•			
119251	Endeavor Se	afood, Inc.				
3. Street Address Principal Busines	ss Office		City	State	Zip	
172 Thames Stree 1. Business Phone No.	t, 2nd Floor	5. State of incorporation	Newport	RI	02840 6. SIC Code	
(401) 841–8637 P. Brief Description of the Charact	er of Business Conducted in	RHODE ISLAND Rhode Island				
Sales, distribut B. NAMES AND ADDRE President Name			of seafood. CHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	CHMENTS	
George Souza			Michael Bus	h & Todd Clark		
172 Thams Street	, 2nd Floor	Zip	same Cuy	State	Zip	
Newport ecretary Name	RI	02840	Treasurer Name			
Todd Clark treet Address			Michael Bus	h		
same ^{Ory}	State	Zip	same City	State	Zip	
. NAMES AND ADDRE	SSES OF THE DIRE	CT ORS (*x* hox for att	. ACHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTA	ACHMENTS	
None treet Address			Street Address			
lity	State	Zip	City	State	Zip	
Hrector Name			Director Name			
treet Address			Street Address			
ity	State	ر ان	City	State	Zip	
7. STANDARDA LANGES	S. Actorios (Caralita)	North Comment	- FE. STIFFERMO-LOUISMED (*)	X BOX FOR ATTACEMENT	าลฮรบา 'อนกิเกรนอ.'	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 NO PAR VALUE						
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjuty, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained begin are true and correct.

Signature of Officer Date

George Souza

Print or Type Name of Officer

President
Tute of Officer

Form 630 12/01