

FOR SECRETARY OF STATE USE ONLY

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

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PROFIT CORPO	PRATION ANN	UAL REPO	RT FOR TH	E YEA	R 2005	_	
Filing Period: January 1 -	March I 🔸 Filing Fe	ee: \$50.00					
(FORM MUST BE TYPED IN B		 	-	• • •	s. +.+		
I. Corporate ID No. 36578	2. Name of Corporation Omega Sea Inc.						
	•		Circ		P	7:-	
3. Street Address Principal Busin 138 SPRING ST	iess Office		City NEWPORT		State	Zip	
4. Business Phone No	٠٠.	State of Jacomeration	NEWPORT		RI	02840	
4. Business Prone No. 4018460066		State of Incorporation RHODE ISLAND				6. SIC Code 2659	
				•		2659	
7. Brief Description of the Chard IMPORT, SELL & DELI	•	Khode Island					
8. NAMES AND ADDRESS President Name		("X" BOX FOR ATTA	ICHMENT) FILL Vice President Name		BEFORE USING ATTAC	HMENTS	
Peter T. Moehi		-	Karen S.	Manci	ni		
138 Spring St	treet		138 Spri	ng Str	reet		
City	State Zij		City		State	Zip	
Newport Secretary Name	Rhode Island	02840	Newport Treasurer Name	• • •	Rhode Island	1 0284	10
Karen S. Mand	cini		Karen S. Sireei Address	Manci	.n <u>i</u>		
Sircet Address 138 Spring St	troot		. 138 Sprin	na Str	eet		
City	State Zij		City	,	State	Zıp	
Newport	Rhode Island	02840	Newport		Rhode Island	•	
9. NAMES AND ADDRESS	N	_					
Director Name	N/A		Director Name				
Street Address		•	Street Address				
City	State Zij	p ⁻	City	-	State	Zip	
Director Name			Director Name	•			
Street Address			Street Address				
City	State Zi _i	p	City		State	Zip	
10. SHARES AUTHORIZI	ED <i>("X" BOX FOR ATTACH</i>	IMENT) []	11. SHARES ISSUE	ED <i>("X" BO)</i>	X FOR ATTACHMENT)]	
AUTHORIZED SHARES			ISSUED SHARES		··		
Number of Shares	Class/Series Pa	ir Value	Number of Shares		Class/Series	Par Value	
5,000 NO PAR VALUE			40		Common	no par	value
This report must be signe	ed in ink by either the F	President, Vice Pre	esident, Secretary,	Assistant	Secretary, Treasurer,	Receiver or	Trustee
	,		,		•		
3 6 5	7 8				I declare and affirm that I		
					accompanying schedules		
36578 DBC 08/16/05	08:01:17 AM		and that all sta	iteritents con	itained herein are true an	d correct.	
0/2	5/05		(\leq)	W	~ /~	260	
File Date 8 2			Signature of Off	<u> </u>		<i>3/0</i> 5	
Check No. 141	123		·		ψale - 1 1	/	
			Peter				
1. \(\Lambda \) \(\Lambda \)			Print or Type No	am e oj Ujjice	r		

President

Form 630 12/01



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 CORPO Filing Period: January 1 (FORM MUST BE TYPED OR 1	· March I • F	NNUAL REPOR'	T FOR THE YEA	AR200	04			
1. Corporate ID No.	2 Name of Corpor	2 Name of Corporation						
36578	Omega Sea	Inc.						
3. Street Address Principal Busin		<u> </u>	City	State	Zip			
138 SPRIM	B ST.		NEWPORT		02840			
4 Business Phone No (401)841c : OCI	'olo	5. State of Incorporation RHODE ISLAND			6. SIC Code 2659			
7. Brief Description of the Character IMPORT, SELL & DE	cter of Business Conducto	d in Rhode Island			···································			
B. NAMES AND ADDRESS	SES OF THE OFFIC	ERS: ("X" BOX FOR ATT	ACHMENT) FILL IN	SPACES BEFORE USIN	G ATTACHMENTS			
President Same Peter T. W	Toehrke		Vice President Name	S. Mancini				
Streen Address 138 Spni	ng Street	•	Street Address 138 St	pring Street				
City Newport	State R1	1 02840	Newport	State	^{2.1p} 02840			
	<u>cini</u>		Treasurer Name S. Mancini					
sirver Address 138 Spring Street			Street Address 1 138 Spring St.					
City. Newport 9. NAMES AND ADDRESS	State R SES OF THE DIREC	Zip 	Newpert TACHMENT) FILL	State R IN SPACES BEFORE US	02840			
Director Name None	SES OF THE DIREC	IONS: (X BOX FOX A)	Director Name	IN SPACES BEFORE US	ING AT INCIDIENTS			
Street Address			Street Address					
City	State	Z.lp	Clty	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	1 HMENT) []			
Number of Shares	Class/Sones	Par Value	Number of Shares	Class/Series	Par Value			
5,000 NO PAR VALUE			40	Common	no par value			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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
FILED File Date MAR 0 1 2004 Check No.	Signature of Officer (Mancini) Contained herein are true and correct. Signature of Officer (Defe)
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Vice President Title of Officer



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

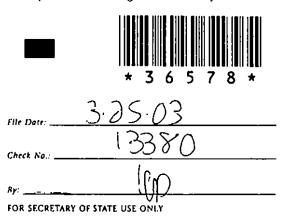
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP PLEASE READ INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 36578 Omega Sea Inc. 3. Street Address Principal Business Office City Zip Rhode Island 02840 138 Spring Street Newport 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401)846-0066 **RHODE ISLAND** 2659 7. Brief Description of the Character of Business Conducted in Rhode Island To import, sell and deliver fish products 8. NAMES AND ADDRESSES OF THE OFFICERS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Peter T. Moehrke Peter T. Moehrke Street Address Street Address 138 Spring Street 138 Spring Street Newport Rhode Island 02840 Newport Rhode Island 02840 Secretary Name Deasuter Name Peter T. Moehrke Peter T. Moehrke Street Address Street Address 138_Spring_Street 138 Spring Street City City 2.10 Zin Newport Rhode Island 02840 Newport 02840 Rhode Island 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name none 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) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSURED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

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

40



5.000 NO PAR VALUE

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.

March 19 2003

Signature of Officer Date

Common

Peter T. Moehrke
Print or Type Name of Officer

President

Form 630 12/02

no par value



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

2002 STOP PLANI RIAD INSTRICTIONS

RM MUST BE TYPED IN					
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36578 reet Address Principal Busi	Omega Sea	Inc.	Com	ra	7
	Z †	5. State of Incorporation	Dungast	State R 1	Zip Q2. 1 6 SIC Col
of Description of the Char	bb acter of Business Conducted	RHODE ISLAND			2
SAMES AND ADDI	RESHER OF THE OFF	CERS ליצי פאט FOR ATTACH	IMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
der Hochel	Q		Street Address	Sour	. د
Jeng 2	State 21	028#c	City	State	Zip
Address			Ries Hoeline.		
Same	State	Zip	Same.	State	Zip
AMES AND ADDI	RESSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPAC Director Nume	CES BEFORE USING ATT	TACHMENTS
Address	reke		Street Address		
	State	Zip	City	State	Zip
or Name			Director Name		
Address			Street Address		
	State	Zip	City	State	Zıp
	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED.	("X" BOX FOR ATTACHMEN	(r) ·
SHARES AUTHOR! ORIZED SHARES beer of Shares	Class/Senes	Par Value	Number of Shares	Class/Series	l'ar Value

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



File Date 2-27-02	
Check No. 4784	
By:	
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.

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Signature of Officer				- [Date	ſ.,
1)	10) _	_	- 1				
teres	K	٥٤	ж	2∤∡	2			

Print or Type Name of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

1 CORPORATE IO NO	2. NAME OF CORPOR		PRINT IN BLACK INK.		
36578	Ome	ega Sea Inc.			
3. STREET ADDRESS PRINCIPAL BUSINE	.SS OFFICE	· · · · · · · · · · · · · · · · · · ·	ОПУ	STATE	ZP 000E
138 Spring_ 4 BUSHESS PHONE NO.	St	5. STATE OF INCORPORATION	l Newport_	<u>RI</u>	02840
401-846-006	-	RHODE I	SLAND		2659
7. BRIEF DESCRIPTION OF THE CHARACT					
10 import, a	1stribute,	Sell and deliv	er fish products	FICERS	
PRESIDENT NAME			YNCE PRESIDENT HAME		-
Peter T. Moe	hrke		Same STREET ADDRESS		
138 Spring s	t				
Newport	STATE R I	7P 000E 02840	αιγ	STATE	ZIP CODE
SECRETARY NAME		102040	TREASURER HAME		
Same		····	Same street address		
			STREET ROUNESS		
ary	STATE	ZIP COOE	arv	STATE	ZIP COOE
	9 .	NAMES AND ADDR	ESSES OF THE DI	RECTORS	
DIRECTOR HAME		•	DIRECTOR NAME		
Peter T. Moe	пгке		STREET ADDRESS		
138 Spring S			_		
Newport	STATE	ZIP 000E 02840	ατγ	STATE	ZIP C000E
DIRECTOR NAME		02040	DIRECTOR HAME		
STREET ADDRESS			4 STREET ADDRESS	······································	
DIY	STATE	ZIP COOE	àir	STATE	ZIP C00€
	10.	SHARES AUTHOR	IZED AND ISSUED		
-	AUTHORIZED SHAR			ISSUED SHARES	
NUMBER OF SHARES	CLASS/SERIES	PAR YALLE	IAUMBER OF SHARES	CLASS / SERIES	PAR VALUE
5000 NO P	AR	······································	None		
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		This report must be SIC	SNED IN INK by either th	е	
P	resident, Vice Pre	esident, Secretary, Assis	stant Secretary, Treasurer,	Receiver or Truste	e
			report, including	any accompanying sch	affirm that I have examined this edules and statements, and that
		•	all statements co	ontaiged herein are true	and correct.
File Date: 2/	18/96		Signature of Office		
	18/96 775		_	moehrke	
Check No: 5	110		Print or Type Nar		
Ву:	P		Presiden		2/6/9
For Secretary	of State Use Only	_	Title of Officer		Date

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Rhode Island

Rhode Island

Rhode Island

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

S. State of Incorporation RHODE ISLAND

02840

02840

02840

Zip

Zip

ZID

Por Volue

(FORM MU	ST BE	TYPED	IN	BLACK)
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1. Corporate ID No. 36578

2. Name of Corporation
Omega Sea Inc.

3. Street Address Principal Business Office

138 Spring Street

4. Business Phone No. (401)846-0066

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

To import, sell and deliver fish products

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

Peter T. Moehrke Street Address

138 Spring Street

Newport

Rhode Island 02840

Secretary Name

President Name

Peter T. Moehrke

138 Spring Street

City Newport

Director Name

Street Address

Rhode Island

02840

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

Peter T. Moehrke

138 Spring Street City

Newport

Rhode Island

Director Name None

Street Address

City

AUTHORIZED SHARES

Number of Shares

File Date:

State

10. SHARES AUTHORIZED (*X* ROX FOR ATTACHMENT)

Zio

Class/Series Par Value

5000 NO PAR

40

Newport

Vice President Name

Newport

Treasurer Name

Street Address

Director Name

Street Address

Director Name

Street Address

DSUID SHARES

Number of Shares

City

City

Cin-

Street Address

Todd Mooers

138 Spring Street

Peter T. Moehrke

138 Spring Street

None

None

Newport .

Class/Series

State

State

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Common

No par value

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

FEB 15 2001

FOR SECRETARY OF STATE USE ONLY

Under penalty of pocjury, 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.

February 11 Signature of Officer

Peter T. Moehrke

Print or Type Name of Officer

Title of Officer

President



(FORM MUST BE TYPED IN BLACK)

36578

3. Street Address Principal Business Office

FOR SECRETARY OF STATE USE ONLY

138 Spring Street

401/846-0066 RHU 7 Brief Description of the Character of Business Conducted in Rhode Island

1. Corporate ID No.

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Rhode Island

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

5. State of Incorporation

RHODE ISLAND

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

STOP PLANT READ INSTRUCTIONS

1-10-00

Filing Period: January 1-March 1	•	Filing Fee: \$50.00	
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Omega Sea Inc.

To import, sell and deliver fish products

2. Name of Corporation

Peter T. Mo	ehrke		Peter T. Moehrk	:e	
city 138 Spring S	Street State	Zip	138 Spring Stre	e t State	Zlp
Newport Secretary Name	Rhode Is	land 02840	Newport Treasurer Name	Rhode Island	02840
Peter T. Moe	ehrke		Peter T. Moehr	·ke	
City 138 Spring S	Street State	Zip	138 Spring Str	eet State	Zip
Newport 9. NAMES AND ADDRES Director Name	Rhode Isl SES OF THE DIRE		Newport CHMENT) FILL IN SPACES I Director Name	Rhode Island BEFORE USING ATTACH	02840 MENTS
Peter T. Moe	ehrke		None Street Address		
cmy 138 Spring S	Street	Zip	City	State	ZIp
Newport Director Name	Rhode Isl	and 02840	Director Nume		
None Street Address			None Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X* ISSUED SHARES	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5000 NO PAR			40	Common	No par value
This report must be sign	ed in ink by eithe	er the President, Vice F	President, Secretary, Assista	nt Secretary, Treasurer	, Receiver or Trustee
* 3	6578 *			ry, I declare and affirm tha	
-	120/00			ny accompanying schedul tained herein are true and	

Peter T. Moehrke

Print or Type Name of Officer
President

Title of Officer

Newport

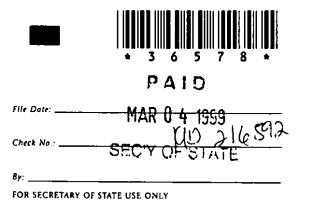
Vice President Name



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

• • •					
PROFIT CORPO	ORATION A 1-March 1 • Fil	NNUAL REP	ORT FOR THE	YEAR 1999	STOI PILANEREN INNERUCTION
(FORM MUST BE TYPED IN BLAC	K)				
1. Curporate ID No	2. Name of Corporation Omega Sea Inc).			
3. Street Address Principal Business O 138 Spring Street	Mice		city Newport	state Rhode Island	^{гір} 02840
4. Business Phone No.		5. State of incorporation			6. SIC Code
401/846-0066		RHODE ISLAND			2659
7. Brief Description of the Character of	f Business Conducted in Rho	de Island			
To import, sell a		•			
8. NAMES AND ADDRESSI President Name Peter T. Moehrke	ES OF THE OFFICÉF	RS ("X" BOX FOR ATTACHN	MENT) FILL IN SPACES BEFO Vice President Name Peter T. Moehrke	ORE USING ATTACHM	ENTS
Street Address 138 Spring Street			Street Address 138 Spring Street		
Newport	State Rhode Island	zi, 02840	c _{io} Newport	State Rhode Island	^z 62840
Secretary Name Peter T. Moehrke			Peter T. Moehrke	•••••	
Street Address 138 Spring Street	,		138 Spring Street		
City Newport	State Rhode Island	^{Zip} 02840	Newport	Rhode Island	^z 62840
9. NAMES AND ADDRESSI Director Name Peter T. Moehrke	ES OF THE DIRECT	ORS (*x* box for attac	HMENT) FILL IN SPACES BE Director Name None	EFORE USING ATTACH	MENTS
Street Address 138 Spring Street	;		Street Address		
chy Newport	State Rode Island	02840	. City	State	Zip
Director Name None	''		Director Name None	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHE	(ENT)	11. SHARES ISSUED ("X" BE	OX FOR ATTACHMENT)	
Number of Shares .	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
5000 NO PAR			40	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Signature of Officer Peter T. Moehrke

Print or Type Name of Officer

President Title of Officer



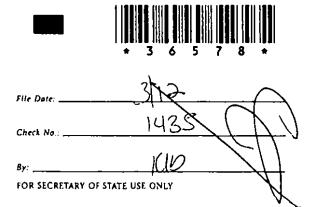
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLI VSF READ INVERTOR CHIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 36578 Omega Sea Inc. 3. Street Address Principal Business Office City State Zip 138 Spring Street Newport RI 02840 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 846-0066 RHODE ISLAND 2659 7. Brief Description of the Character of Business Conducted in Rhode Island To import, sell and deliver fish products 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Peter T. Moehrke Peter T. Moehrke Street Address Street Address 138 Spring Street 138 Spring street City ZIP City Newport 02840 RI Newport RI 02840 Secretary Name Treasurer Name Peter T. Moehrke Peter T. Moehrke Street Address Street Address 138 SPring Street 138 Spring Street Cliv State City State Zio 02840 Newport RI 02840 Newport RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **Director Name** Director Name Peter T. Moehrke None Street Address Street Address 138 Spring Street City City Zio Zip Newport RI 02840 Director Name Director Name None None Street Address Street Address City ZIp City State Zip 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 40 **5000 NO PAR** Common No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 on ained herein are true and correct.

Signature of Officer

Peter T. Moehrke

Print or Type Name of Officer

President





James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

AUTHORIZED SHARES

5000 NO PAR

Number of Shares

2. Name of Corporation

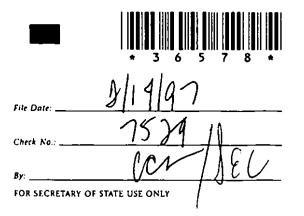
36578 Omega Sea Inc. 3. Street Address Principal Business Office 138 Spring Street 02840 RI Newport 4. Rusiness Phone No. 5. State of Incorporation 6. SIC Code (401) 846-0066 **RHODE ISLAND** 2659 7. Brief Description of the Character of Business Conducted in Rhode Island To import, distribute, sell and deliver fish products 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Peter T. Moehrke Peter T. Moehrke Street Address Street Address 138 Spring Street 138 Spring Street 210 State Zip State 02840 02840 Newport RΙ Newport RΙ Secretary Name Treasurer Name Peter T. Moehrke Peter T. Moehrke Street Address Street Address 138 Spring Street 138 Spring Street City State Zip City Zip 02840 02840 RΙ Newport RΙ Newport 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Peter T. Moehrke None Street Address Street Address 138 Spring Street City Zio Zio State Newport RI02840 Director Name Director Name None None Street Address Street Address City Zio State Zip State City

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

(SSUED) SHARES

Number of Shares

40



10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

Par Value

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.

3-13-9

Straduce of Officer.

Date

Class/Seiles

Common

Par Value

No par value

Peter T. Moehrke
Print or Type Name of Officer

Prosident

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	0036578		nnual Report for the year:	1995	
	Omega Sea Inc. under the laws of the State of: RI and telephone number of principal of	ice:	Business Entity is (check or [X] Business Corporation [] Professional Service C	•	
			Brief statement of the chara-	cter of business conduc	ted in Rhode Island:
Phone: () Address and telephone of the Island (Provide street address 138 Spring Newport, I	g Street	n Rhode	To import, dis fish products	stribute, sell and	l deliver
Phone: (401) 846-	0066	• • • •			•
	THE	NAMES OF THE	OFFICERS ARE:		
PRESIDENT		STREET ADDRES	S C	TY/STATE	ZIP CODE
Peter T. Moehrk	e 138 S	pring Street STREET ADDRESS	Newport Newport	RI	02840
Peter T Moehrk		Spring Street	Newport		02840 ZP CODE
Peter T. Moehrk	e 138 S	pring Street STREET ADDRESS	<u>Newport</u>		02840
Peter T. Moehrk	e 138 S	pring Street	Newport	, RI	02840
NAME	Inen	STREET ADDRESS	DIRECTORS ARE:	TY/STATE	ZIP CODE
Peter T Moehrk	e138 S	Spring Street STREET ADDRESS	Newport	RI TY/STATE	02840
NAME		STREET ADDRESS	<u> </u>	TY/STATE	ZIP CODE
NUMBER OF SHARES AUT	THORIZED (Rider may be attached)	N	UMBER OF SHARES ISSUED	AND OUTSTANDING (R	ider may be attached)
Number of Shares	Class / Series	N	umber of Shares	Class / Series	
5,000	Common		•		
Date	. 19 71	Ву:			
-		PRINT OR TYPE N	AME OF OFFICER SIGNING	eter T. Moehrke	
Form 31 1/95		TITLE OF OFFICE		esident	
			FOR SERVICE OF PRO		
rlease NUTE: If the reg	istered office and/or registered agen	t indicated below is in	ncorrect, Form 9 must be filed	i. •	

Joseph M. Hall 15 Old Beach Road Newport, RI 02840

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State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	Annual I	Report for the year: _	1994	
Name of Business Entity:	Omeg	a Sea Inc.		
Business entity organized under the laws of the State of Federal Taxpayer Identification Number For foreign entity, address and telephone number of printing the state of the	icipal office.	[] Professional Se [] Limited Liabili	ie); ration (See RIGL Chapter 7 rvice Corporation (See RIG ly Company (See RIGU 7-10 fress of contact person to wh	L Chapter 7-5-1) 6)
	com _P.	munications may be dif eter_Mochrke 38 Spring St	ected	
Phone (t = -)	•	ewport, RI		
Address and telephone of the principal office of busines filand (Provide street address - Not P.O. Box).	Brie		icter of business conducted i	
Newport, RI 02840		liver fish p		
(401) 846-0066	· · · · · · · · · · · · · · · · · · ·	of Organization1		
Phone. (Date	of Qualification to do	business in Rhode Island (if	toreign entity):
☐ CHES EXECUTIVE OFFICER OR ■ PRISIDENT (CS. L. Ose)	THE NAMES OF THE OFF		L'YSTATE.	NOODEL .
Peter T. Mochrke	US Spring S	t. Ne	Wport RI	02840 /:ecouc
TOSTODIAN OF RECORDS OR (IS SECRETARY (SEASOR)	STRUE* ADDRESS		TATATI.	7 P COUT
Peter T. Moehrke	138 Spring S	. <u>N</u>	ewport, RI	02840 ziecour
Ottar Yngvason			Reykjavik Icel	and
NAME	THE NAMES OF THE DIRE	CTORS ARE:	CUYSTATE	ZEP CODE
Peter T. Moehrke	30 Prairie Av		ewport, RI	02840
Ottar Yngvason	STR() ADDRESS	121 RE	ykjavik Icelan	
NUMBER OF SHARES AUTHORIZED (II Application)	ble) NUMB	ER OF SHARES ISSU	ED AND OUTSTANDING	(If Applicable)
NUMBER 5,000	NUMB	ER		• •
CLASS Common	CLASS	;		
SERIES	SERIE	s		
PAR VALUE OR WITHOUT PAR No par		ALUE OR OUT PAR		···
Date 3/7 .19 9	4 By	ASIV.		
FILED	Peter T	. Moehrke	<u> </u>	
MAR 0 9 1994 By 104 5 5 3 3	- Preside	<u> </u>		
			<u> </u>	

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent. Form 9 or Form 1.4.C.3 must be filed.

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

4959

Corporate ID	036578	Annual Report for the y	ear 1993
First: The name	of the corporation is	Omega Sea Inc.	
SECOND: It is inco	rporated under the laws of	Rhode Island	
THIRD: Character	of business, briefly stated, is	. To import, distribute,	sell and
deliver fish r	products.		
FOURTH: If foreign	n corporation, address of its	principal office	
FIFTH: Business ac	Idress in Rhode Island13	38 Spring St., Newport,	RI 02840
SIXTH: Names and	l addresses of its directors a	nd officers: Address (including numb	(Attach rider if necessary)
Peter Moehrke	Director	30 Prairie Ave., Ne	wport, RI 02840
Ottar Yngvason	Director	Reykjavik, Iceland	
	Director		
Peter Moehrke	President	same	
Ottar Yngvason	Vice Presi	dent same	
Peter Moehrke	Secretary	30 Prairie Ave, New	port, RI 02840
Ottar Yngvason	Treasurer	Reykjavik, Iceland	
SEVENTH: Number	of Shares authorized:		Par Value or statement that
No of Shares	Class	Series	shares are without par value
5,000			No par
Crown N 1		PAI	
	of Shares issued:	FEB03	Par Value 1992 or statement that thates are without
No. of Shares	Class	Series	par value
100			No par
Dated 2	1993	Omega Sea Inc. (Name of Corporation)	
		By Peter Moehrke	
(Report must be	signed by an officer)	Title President	

Form 31 1.95

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0036578	• · · - • · · · · · · · · · · · · · · ·	(A)	Annual	Report fo	r the year.	1992
FIRST: The	name of the corporation	on is	t' Omega Sea Inc				
Second: It	is incorporated under	the laws of	RI	node Is	sland	•••••••••••••	
THIRD: Cha	racter of business, brie	fly stated, is	То	import	distr	ibute,	sell and
deliver fis	h products.	•••••			•••••	······	
FOURTH: If	foreign corporation, ac	ddress of its p	orincipal	office	•	•••••••	
Fifth: Busii	ness address in Rhode	Island	138 :	Spring	Street	. Newpo	ort, RI 02840
Sіхтн: N am	es and addresses of its	directors and	d officers	-	Address (inclu	ding number, str	(Attach rider if necessary)
Peter Moehr	ke	Director	138	8 Sprin	ng Stre	et, New	port, RI 02840
Ottar Yngva	son	Director	Re	ykjavil	k, Icel	and	
Patricia Em	lock Lynch	Director	7	Eastnoi	r Exter	sion, N	Newport, RI 02840
Peter Moehr	ke	President	13	8 Sprin	ng Stre	et, New	vport, RI 02840
Patricia Em	lock Lynch	Vice Presid	ent7	Eastnoi	r Exter	sion, N	Newport, RI 02840
Peter Moehr	ke	Secretary	13	8 Sprin	ng Stre	et, New	vport, RI 02840
Ottar Yngva	son	Treasurer	Re	ykjavil	k, Icel	and	
SEVENTH: N	umber of Shares author	orized:		Suiss			Par Value or statement that shares are without
5,000	Class			Series			par value No par
	mber of Shares issued	:			PA		Par Value or statement that
No of Shares	Class			Series	· -	1 1992	shares are without par value
100					SEC'Y C)F STATE	No par
Dated 2/1	<u>&</u> 19 '	۲ 2	On: e (Name of C	ga sea orpoalio	I.W.		
(Report i	nust be signed by an office	er)		er Moel reside		**********	

Form 31 1/85

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0036578	······ •	ic	Annual Report for	r the year	1991
First:	The name of the corporation	on is	Omeo	ja Sea Inc.	······································	
SECOND:	It is incorporated under t	the laws of	R۲	ode Island		
THIRD:	Character of business, brie	fly stated, is	To i	mport, distr	ibute, se	211
and deli	ver fish products		••••		•••••	••••••
Fourth:	If foreign corporation, ac	Idress of its prin	ncipal o	office	•••••	······································
Fігтн: I	Business address in Rhode	Island 138	8 Spr	ing Street,	Newport,	RI 02840
Sixth: 1	Names and addresses of its	directors and of	fficers:		(A	Attach rider if necessary)
Peter Mo	oehrke	Director	13	8 Spring Str	eet, Newp	ort, RI 02840
Ottar Yı	ngvason	Director	Re	ykjavik, Ice	land	••••••
Patricia	a Emlock	Director	7	Eastnor Exte	nsion, Ne	ewport, RI 02840
Peter Mo	oehrke	. President	13	8 Spring Str	eet, Newp	oort, RI 02840
Patricia	a Emlock	. Vice President	t7	Eastnor Exte	nsion, Ne	ewport, RI 02840
Peter Mo	oehrke	. Secretary	1 3	8 Spring Str	eet, Newp	oort, RI 02840
Ottar Y	ngvason	Treasurer	Re	ykjavik, Ice	land	••••••
SEVENTH:		orized:		Series		Par Value r statement that ares are without par value
5,00	-			Schild .		no par
Еіснтн:	Number of Shares issued:			PAID SET 21 1991 SCY OF STA	i o	Par Value r statement that
No. of Share	res Class			Series OF ST	sh 入了デ	ares are without par value
10	0			- ECA OLD.	••	no par
Dated	2_/1919 .	(Na. By.	Pet	Sea Inc.		
(Rep	port must be signed by an officer	r) Titl	le	Presiden	t	

Filing Fee,\$50.00

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0036578		Annual Report for the year 1990		
FIRST: The name of	the corporation is	Dmega Sea Inc.		
SECOND: It is incorp	orated under the laws of	Rhode Island		
THIRD: Character of	business, briefly stated, is	To import, distrib	oute, sell and	
deliver fish p	roducts		,	
FOURTH: If foreign of	corporation, address of its p	rincipal office		
FIFTH: Business addi	ress in Rhode Island	138 Spring Street,	Newport, RI 02840	
SIXTH: Names and a	ddresses of its directors and		(Attach rider if necessary)	
Peter Moehrke	Director	138 Spring Stree	t.,NewportRI02840	
Ottar Yngvason	Director	Reykjavik, Icela	nd	
Patricia Emlock	Director	7 Eastnor Extens	ion, Newport, RI 02840	
Peter Moehrke	President	138 Spring Stree	t, Newport, RI 02840	
	Vice Preside	ent 7 Eastnor Extens	ion, Newport, RI 02840	
Peter MOehrke	Secretary	138 Spring Stree	t, Newport, RI 02840	
Ottar Yngvason	Treasurer	Reykjavik, Icela	nd	
SEVENTH: Number o	f Shares authorized:	Series	Par Value or statement that shares are without par value	
5,000	Cia.s	CATILO .	no par	
EIGHTH: Number of No. of Shares 100	Shares issued: Class	PAID FEB 21 1991 GUY OF STAT	Par Value or statement that shares are without par value no par	
/	1	Omega Sea Inc. (Name of Corporation) By Peter Moehrke Fitle Preside		

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	036578	Annual Report for	the year 1989
FIRST: The nam	ne of the corporation is	(5	
Second: It is in	corporated under the laws of	Rhode Island	
products in	cluding scallops and sh	rimp as well as any othe	e, sell and deliver fish er lawful purpose
Fourth: If fore	ign corporation, address of its	principal office	······································
FIFTH: Business	address in Rhode Island 13	8 Spring Street, Newport	, RI 02840
SIXTH: Names a	and addresses of its directors as		(Attach rider if necessary)
······································	Director		
	Director		
	Director		
Peter Moehr	ke President	.138 Spring Street.	Newport, RI
Patricia Em	lockVice Presi	dent .138. Spring. Street	Newport, RI
eter Mochr	keSecretary	.138 Spring Street	Newport, RI
Ottar Yngva	sonTreasurer	.138.Spring.Street,	Newport, RI
SEVENTH: Number No. of Shares	per of Shares authorized:	Series	Par Value or statement that shares are without par value
5,000	A		no par value
Еібнтн: Numbe	er of Shares issued:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
100	A		no par value
Dated Assurt	1989	(Name of Corporation)	·······
		By Patricia Q	Elock) SENT
(Report must	be signed by an officer)	Title Vice President	アミント

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

10.40

Corporate ID36528		Annual Report for the	year1.4
FIRST: The name of th	e corporation is	Omego Seo Inc.	
Second: It is incorpor	rated under the laws of	£hode	· Island
products incl	uding scallops and s	to import, distribute, se hrimp as well as any othe tate of Rhode Island	er lawful purpose
FOURTH: If foreign con	rporation, address of its pr	rincipal office	
FIFTH: Business address	ss in Rhode Island 13	8 Spring Street	
	Ne	wport, RI 02840	
SIXTH: Names and add	dresses of its directors and	officers: Address (including nu	(Attach rider if necessary) mber, street, zip code)
	Director		······································
	Director		
	Director		
Peter Moehrke	President	138 Spring Street, N	kewport, RI
Patricia Emlo	ck Vice Preside	ent 138 Spring Street, N	Newport, RI
Peter Moehrke	Secretary	138 Spring Street, N	Newport, RI
Ottar Yngvaso	nTreasurer	138 Spring Street, N	Newport, RI
SEVENTH: Number of	Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
5,000	Α		no par value
		PAID	
EIGHTH: Number of S	hares issued:	22 1988	Par Value or statement that
No. of Shares	Class	Series Series	shares are without par value
100	Α	PAID Sending 22 1988 SECY. OF STA	no par value
Dated 52. 25		Name of Corporation	lue.
(Report must be signe	_	Title Personal	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

orporate 1D	305/8	***************************************	Annual Report for	or the year1987
First:	The name of the cor	poration isQr	nega Sea Inc.	······································
SECOND:	: It is incorporated	under the laws of	Rhode Island	l
THIRD:	products includ	ing scallops a	and shrimo as well as a	, sell and deliver fish ny other lawful prupose nd.
Fourth:				
Г І ГТ Н:	Business address in F	thode IslandBe	ellevue Avenue, Newport,	Rhode Island 02840
Ѕіхтн:	Names and addresses	of its directors a		(Attach rider if necess
·••···································		Director		••••••
••••••••	·····	Director	•••••	
**************		Director		
eter.Moeh	rke	President		Wewport, Rhode Island 08
			ident	
	rke			
		•		Wewport, Rhode Island 08
	ason			
SEVENTH:	Number of Shares	authorized:		Par Value or statement that
No. of Shar	res	Class	Series	shares are without par value
5,000		A F	PAID	No par value
Еіснтн:	Number of Shares is	•	20 1987	Par Value or statement that
No. of Shar 100	'es	Class SEC'Y.	OF STATE Scries	shares are without par value No par value
ed	\$/13	1984	Omega Sea, Inc. (Name of Composition) By	•••••
(Rep	ort must be signed by an	officer)	Title PRESIDENT	
1 1/85	·		·	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID365.78		Annual Report for the year1986			
First: The name of	the corporation isOmega	a Sea Inc.			
SECOND: It is incorp	orated under the laws of	Rhode Island			
THIRD: Character of products including permitted under	business, briefly stated, is to ing scallops and shrimp the laws of the State	o import, distribute, o as well as any othe of Rhode Island	sell and deliver fish r lawful purpose		
FOURTH: If foreign o	corporation, address of its pri	ncipal office	······································		
Fifth: Business addr	ess in Rhode Island Belle	evue Avenue, Newport,	RI 02840		
SIXTH: Names and a	ddresses of its directors and o		(Attach rider if necessary)		
	Director				
	Director				
	Director				
Peter Moehrke	President	Bellevue Avenue, No	wport, RI 02840		
Ottar Yngvason	Vice Presider	ıt			
Peter Moehrke	Secretary	Bellevue Avenue, Ne	wport, RI 02840		
Ottar Yngvason	Treasurer				
SEVENTH: Number o	f Shares authorized:	,	Par Value		
No. of Shares	Class	Series	or statement that shares are without par value		
5000	A		no par value		
Eighth: Number of	Shares issued: 92/15/86	MAR 20 1986	Par Value or statement that shares are without		
No. of Shares	Class	Series	par value		
100	A 🗒		no par value		
Dated Feb. 6	,	nega Sea, Inc.			
(Report must be sig	ned by an officer)	tle President			