

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

Form ARD Dog 11993

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005
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FINING PERIOD JANUARY I - M (FORM MUST BE TYPED OR PRIN	•	; Fee: \$50.00			
1 Corporate ID No 112791	2. Name of Corporation K.S.J. Seafood, I	nc.		<u> </u>	
3. Street Address Principal Business (50 SUNSOF		يالله المسائل المعالي المالة المراكب	LARRAS HASET	State	02882
4. Business Phone No. 401 - 783-1	673	5. State of Incorporation RHODE ISLAND		.4	6. SIC Code
7. Brief Description of the Character of MARKETING PRODUCTS	of Business Conducted in R. S. AT WHOLESALE AN	hada teland			<u> </u>
8. NAMES AND ADDRESSES President Name Police A	OF THE OFFICERS:	("X" BOX FOR AITAC	CHMENT) FILL IN SPACE Vice President Name	CES BEFORE USING A	ATTACHMENTS
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9. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	S: ("X" BOX FOR ATTA	ACHMENT) FILL IN SPA Director Name	ACES BEFORE USING	ATTACHMENTS
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This report must be si	gned in ink by either	the President, Vice Pre	esident, Secretary, Assistant Se	cretary, Treasurer, Re	cciver or Trustee
			Under penalty of perjury, !	I declare and affirm that	I have examined this report.
File Date	-05-		including any accompanyi	ing schedules and statemand correct.	ents, and that all statements
Check No33e	2.3.27 Signature of Officer Date				Date
Ву:	<u> </u>		Primar Type Name of Office	<u>"</u>	
FOR SECRETARY OF STATE USE ONLY					

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1332

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PROFIT CORPORA Filing Period: January 1-	TION ANNUAL March 1 • Filing Fe	REPORT FOR THE	YEAR 2004		
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50 Sunset Blvd.		Narras	gansett R	·I	02882
4. Business Phone No. (401)		5. State of Incorporat RHODE ISLAN			6 SIC Code
7. Brief Description of the C Marketing produ	haracter of Business Co cts at wholesale a	nducted in Rhode Island nd retail and all other la	wful purposes.		
8. NAMES AND ADDRE	ESSES OF THE OFF	ICERS ('X' BOX FOR ATTACE	IMENT) FILL IN SPAC	ES BEFORE USIN	G ATTACHMENT
President Name				sident Name	
Peter A. Reposa					
Street Address			Street Ada	lress	
50 Sunset Blvd, City Narragansett	State RI	Ζφ 02882	City	State	Zip
Secretary Name	KI	02002	7	**	
Ruth Reposa			Treasurer		
Street Address			Ruth R Street Add		
50 Sunset Blvd.	State	-		set Blvd.	
Narragansett	RI	Z _{IP} 02882	City Narrag s	State ansett RI	Ζιρ 02882
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This report must be signed	in ink by either the P	resident, Vice President, Sec	retary, Assistant Secretary,	Treasurer, Receiver	or Trustee
3.12	- · N4	,	Under penalty of perjury, this report, including any and that all statements co-	accompanying sched	lules and statements,

By: [[U FOR SECRETARY OF STATE USE ONLY

Peter A. Reposa
Print or Type Name of Officer

President Tule of Officer



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

100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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(FORM MUST BE TYPED OR PRINTED IN BLACK)		

1.	Corporate	ID	No.	

2. Name of Corporation

112791

3. Street Address Principal Business Office

K.S.J. Seafood, Inc.

City

50 Sunset Blvd.

Narragansett

RΙ

02882

4. Rusiness Phone No.

5. State of Incorporation

RHODE ISLAND

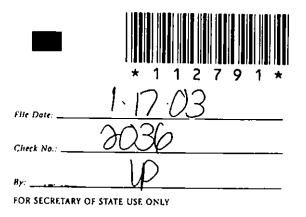
6. SIC Code

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

Marketing products at wholesale and retail and all other lawful purposes.

8. NAMES AND ADDRESS President Name	ES OF THE OFF	ICERS ("X" BOX FOR ATTA		EFORE USING ATTAC	CHMENTS
Peter Reposa			Vice President Name		
Street Address 50 Sunset Blvd.			Street Address		
Narragansett	State RI	^{Zip} 02882	City	State	Zip
Secretary Name			Treasurer Name		
Ruth Reposa Street Address 50 Sunset Blvd.			Ruth Reposa		
City	State	Zip	50 Sunset Blvd.		
Narragansett,	RI	02882	Narragansett	State RI	zip 02882
9. NAMES AND ADDRESS Director Name NONE Street Address	ES OF THE DIR	ECTORS (*x* box for a1	TACHMENT) FILL IN SPACES Director Name Street Address	BEFORE USING ATT	ACHMENTS
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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 Reposa Print or Type Name of Officer

President

Title of Officer **4** 5

Form 630 12/02

no par value



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

E. Certary of State Carporations 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

STOP PLEASE READ INSTRUCTIONS

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GORM MUST BE TYPED IN BE	<i>ыск</i>)				INSTRUCTIO:
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Ruth Reposa			Ruth Reposa Street Address		
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	1-17-CL
Check No.:	1Cdo7
Ву:	de

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
Peter Reposa

Print or Type Name of Officer

President

Title of Officer

fficer



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

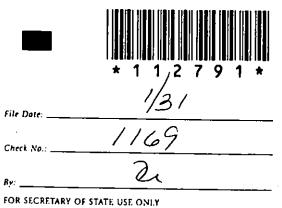
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP PLEASE READ INSTRUCTIONS

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



President

Title of Officer