



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 OR PRINTED IN BLACK)

1. Corporate ID No. 112791		2. Name of Corporation K.S.J. Seafood, Inc.					
3. Street Address Principal Business Office 50 Sunset Blvd		City NARRAGANSETT		State R.I.		Zip 02882	
4. Business Phone No. 401-783-1673		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							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Peter A Reposa				Vice President Name			
Street Address 50 Sunset Blvd				Street Address			
City Narr.		State R.I.		Zip 02882		City	
Secretary Name Ruth Reposa				Treasurer Name Ruth Reposa			
Street Address 50 Sunset Blvd				Street Address 50 Sunset Blvd			
City Narr.		State R.I.		Zip 02882		City NARR	
State R.I.		Zip 02882		State R.I.		Zip 02882	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name				Director Name			
Street Address				Street Address			
City		State		Zip		City	
State		Zip		State		Zip	
Director Name				Director Name			
Street Address				Street Address			
City		State		Zip		City	
State		Zip		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	
1,000 NO PAR VALUE			100			COMMON	
						NOPAR	

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



File Date	1-11-05
Check No.	3327
By:	<i>de</i>
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.

Peter A Reposa
Signature of Officer

1/9/05
Date

Peter A Reposa
Print or Type Name of Officer

President
Title of Officer

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
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 BLACK)

1. Corporate ID No. **112791** 2. Name of Corporation **K.S.J. Seafood, Inc..**
3. Street Address Principal Business Office **50 Sunset Blvd.** City **Narragansett** State **RI** Zip **02882**
4. Business Phone No. **(401)** 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 ADDRESSES OF THE OFFICERS ('X' BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
Peter A. Reposa

Vice President Name

Street Address

50 Sunset Blvd.

City **Narragansett** State **RI** Zip **02882**

Secretary Name

Ruth Reposa

Street Address

50 Sunset Blvd.

City **Narragansett** State **RI** Zip **02882**

Street Address

City State Zip

Treasurer Name

Ruth Reposa

Street Address

50 Sunset Blvd.

City **Narragansett** State **RI** Zip **02882**

9. NAMES AND ADDRESSES OF THE DIRECTOR ('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. SHARES AUTHORIZED ('X' BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1000 Common no par value

11. SHARES ISSUED ('X' IN BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

100 Common no par value

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

File Date **2-12-04**

Check No. **2731**

By: **10P**
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.

Peter A. Reposa President
Signature of Officer

Peter A. Reposa
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

112791

2. Name of Corporation

K.S.J. Seafood, Inc.

3. Street Address Principal Business Office

50 Sunset Blvd.

City

Narragansett

State

RI

Zip

02882

4. Business Phone No.

5. State of Incorporation

6. SIC Code

RHODE ISLAND

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

President Name

Peter Reposa

Vice President Name

Street Address

50 Sunset Blvd.

Street Address

City Narragansett State RI Zip 02882

City State Zip

Secretary Name

Ruth Reposa

Treasurer Name

Ruth Reposa

Street Address

50 Sunset Blvd.

Street Address

City Narragansett, RI Zip 02882

City Narragansett RI Zip 02882

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) 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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

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 2 7 9 1 *

File Date: 1-17-03

Check No.: 2036

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.

Peter S Reposa 1/17/03
Signature of Officer Date

Peter Reposa

Print or Type Name of Officer

President

Title of Officer





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

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.

2. Name of Corporation

112791

K.S.J. Seafood, Inc.

3. Street Address Principal Business Office

City

State

Zip

50 Sunset Boulevard

Narragansett

RI

02882

4. Business Phone No.

5. State of Incorporation

6. SIC Code

RHODE ISLAND

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

President Name

Vice President Name

Peter Reposa

Street Address

Street Address

50 Sunset Boulevard

City

State

Zip

City

State

Zip

Narragansett

RI

02882

Secretary Name

Treasurer Name

Ruth Reposa

Ruth Reposa

Street Address

Street Address

50 Sunset Boulevard

50 Sunset Boulevard

City

State

Zip

City

State

Zip

Narragansett

RI

02882

Narragansett

RI

02882

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)

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

100

common

no par value



* 1 1 2 7 9 1 *

File Date: 1-17-02

Check No.: 1667

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] 1/15/02
Signature of Officer Date

Peter Reposa

Print or Type Name of Officer

President

Title of Officer



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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **112791** 2. Name of Corporation **K.S.J. Seafood, Inc.**

3. Street Address Principal Business Office

50 Sunset Boulevard

City

State

Zip

Narragansett

RI

02882

4. Business 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 ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Peter Reposa

Vice President Name

Street Address

50 Sunset Blvd.

Street Address

City

State

Zip

Narragansett

RI

02882

City

State

Zip

Secretary Name

Ruth Reposa

Treasurer Name

Ruth Reposa

Street Address

50 Sunset Blvd.

Street Address

50 Sunset Blvd.

City

State

Zip

Narragansett

RI

02882

City

State

Zip

02882

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) 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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

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 2 7 9 1 *

File Date:

1/31

Check No.:

1169

By:

2

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 S. Reposa

Date

1/26/2001

Peter Reposa
Print or Type Name of Officer

President

Title of Officer