



State of Rhode Island  
Department of State - Business Services Division

FILED

JAN 18 2021 02

BY 102415

Annual Report for the year: 2021  
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000036578		2. Exact name of the Corporation Omega Sea Inc.			
3. Principal Office Address 138 Spring St		City Newport		State RI	Zip 02840
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island Import, sell & deliver fish products			
5. State of Incorporation 424990					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Peter T. Moehrke			Vice-President Name Lindsey Ann. Wells		
Street Address 138 Spring St.			Street Address 138 Spring St.		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			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
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		PAR VALUE
			2000		5.000
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative Lindsey Wells				Date 1/11/21	
Signature of Authorized Representative Lindsey Wells					

MAIL TO:  
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