



State of Rhode Island

Department of State - Business Services Division

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.

FILED

MAR 09 2021

BY

20810

1. Entity ID Number 904068		2. Exact name of the Corporation Seabra Foods I, Inc.			
3. Principal Office Address 574 Ferry Street			City Newark	State NJ	Zip 07105
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island Grocery Store			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Antonio Seabra			Vice-President Name Anthony Seabra		
Street Address 574 Ferry Street			Street Address 574 Ferry Street		
City Newark	State NJ	Zip 07105	City Newark	State NJ	Zip 07105
Secretary Name Antonio Seabra			Treasurer Name Antonio Seabra		
Street Address 574 Ferry Street			Street Address 574 Ferry Street		
City Newark	State NJ	Zip 07105	City Newark	State NJ	Zip 07105
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio Seabra			Director Name		
Street Address 574 Ferry Street			Street Address		
City Newark	State NJ	Zip 07105	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			Common		
			\$0.01/Share		
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.					
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.					
Name of Authorized Representative Antonio Seabra					Date 03/04/2021
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020