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State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2022 Corporation

$\rightarrow$	Filing	neriod:	<b>February</b>	1 -	May 1	ĺ
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→ Filing Fee: \$50.00

$\rightarrow$	Penalty:	Additional	\$25.00	) fee	if form	is not	filed by	v May	/ 31.
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-> Penalty: Additional \$25.00 f	ee it form is not	filled by May 31.			<b>_</b>		
Entity ID Number	2. Exact name	of the Corporation	n .				
34916	Wharf Seafoods, Inc.						
3. Principal Office Address City State Zip					Zip		
18 Alfred Street			Warwick		RI	02886	
4. NAICS Code	6. Brief descri	ption of the charac	ter of business o	er of business conducted in Rhode Island			
445220	Purchase,sale, and distribution of other foods						
5. State of Incorporation	]						
RI							
7. List ALL officers (names and ad	dresses)		To a co		he box to in	ndicate an attachment	
President Name Stephen R. Ba	ıbigian			Vice-President Name Kathleen A. Babigian			
Street Address 661 Chestnut H	lill Road		Street Address	Street Address 661 Chestnut Hill Road			
<sup>City</sup> South Kingstown	State RI	<sup>Zip</sup> 02879	City South Kingstown		State RI	<sup>Zip</sup> 02879	
Secretary Name Kathleen A. Babigian			Treasurer Nam	Treasurer Name Stephen R. Babigian			
Street Address 661 Chestnut Hill Road			Street Address 661 Chestnut Hill Road				
City South Kingstown	State RI	<sup>Zip</sup> 02879	City South Kingstown		State RI	<sup>Zip</sup> 02879	
8. List ALL directors (names and a	ddresses)	<del> </del>		-	the box to in	ndicate an attachment	
Director Name Director Name							
Street Address			Stroot Address				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name	1		Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Iss	ued	Check t	he box to in	ndicate an attachment	
This information is currently of reco	ord in the	NUMBER OF		CLASS/SERIES		PAR VALUE	
Department of State.		100		Common		No par value	
Changes require an additional filing.							
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  Date							
Stephen R. Babigian, President					ali	1/2022	
Signature of Authorized Represen	tative R.B	Signature of Authorized Representative Behryan					

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov