RI SOS Filing Number: 202448237950 Date: 3/4/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division					FILED MAR 04 20/4			
Annual Report for the year: 2024 Corporation					WIAT	アアア	1395	
→ Filing period: February 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00		t filed by May 31			BÝ.			
Entity ID Number		of the Corporation	1					
000076561	SEAFOC	DD UNLIMIT	ED, INC) .				
3 Principal Office Address			City		State		Zip	
292 Prospect Road			South	Kingstown	RI		02879	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						<u></u>	
424460	Sale of seafood at wholesale							
5. State of Incorporation	1							
Rhode Island								
7. List ALL officers (names and ad	dresses)			-	box to indi	cate an att	achment 🗆	
President Name Daniel Calitri	Vice-President Name							
Street Address 202 Prospect Pood			Street Address					
292 Prospect Road							1-	
South Kingstown	State RI	^{Zip} 02879	City		State	State Zip		
Secretary Name Daniel Calitri			Treasurer Name Daniel Calitri					
Street Address 292 Prospect Road			Street Address 292 Prospect Road					
^{City} South Kingstown	State RI	^{Zip} 02879	City South Kingstown		State	State RI		
List ALL directors (names and a	iddresses)			Check the	box to ind	icate an att	achment 🔲	
Daniel Calitri			Director N	ame				
Street Address 292 Prospect F	Street Address							
City South Kingstown	State RI	^{Zip} 02879	City		State		Zıp	
Director Name			Director N	ame			*	
Street Address	Street Address							
City	State	Zip	City		State		Zip	
9. Shares Authorized		10. Shares Iss				licate an at		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		C_ASS/SERIES		FAR VALUE	
		120		Common	nmon No Par V		Value	
 This report must be executed ceiver or trustee, this report must 					poration is	in the hand	is of a re-	
Under penalty of perjury, I decla	are and affirm th	nat I have examine	ed this repo		ompanyin	g schedule	es and	
statements, and that all statements and that all statements with the Name of Authorized Representative		herein are true an	d correct.	-	Insta			
Daniel Calitri, President					Date	Date 2/26/24		
					1 /3	~ / / ~ •	10-7	

MAIL TO:

Division of Business Services

Signature of Authorized Representative

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

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