RI SOS Filing Number: 202448649500 Date: 3/13/2024 4:00:00 PM

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					I.	S		
State of Rhode Island Department of State - Business Services Division						ျှင်		
•		ess Services	Division			Jej tan		
Annual Report for the year: 2024								
Corporation ————						- G		
→ Filing period February 1 - May 1 → Filing Fee: \$50.00					i.	្រាល		
Penalty: Additional \$25.00	fee if form is no	t filed by May 31			Ò	\(\alpha\)		
Entity ID Number 2. Exact name of the Corporation								
000054693	South Stream Seafoods, Inc.							
Principal Office Address	1		City		Stat	ρ	Zıp	
100 Jefferson Blvd., Unit 305			Warwi	ick	RI	•	02888	
4. NAICS Code							02000	
	o. Brief descri	Brief description of the character of business conducted in Rhode Island						
424460	Food and Seafood Brokerage							
5. State of Incorporation								
RI								
7. List ALL officers (names and ac	ldresses)		Tre o		the box to in	dicate an a	attachment 🗆	
President Name Vice-President Name Vice-President Name								
Street Address				Street Address				
100 Jefferson Blvd., Unit 305								
^{City} Warwick	State RI	^{Zıp} 02888	City		State	2	Zip	
Secretary Name Mark A. Soderstrom			Treasurer Name Mark A. Soderstrom					
Street Address	Divid I Init 2		Street Add	Iress 100 loffor	roop Blud	Unit 20	\ <u>F</u>	
100 Jefferson Blvd., Unit 305			100 Jefferson Blvd., Unit 305					
City Warwick	State RI	^{Zip} 02888	City Warwick		State	RI	^{Zip} 02888	
8. List ALL directors (names and a	addresses)	<u> </u>			the box to in	dicate an	attachment 🔲	
Director Name			Director N	ame				
Street Address			Street Address					
City	State	Zıp	City		State	State Zip		
Director Name		ı	Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
		·					·	
9. Shares Authorized 10. Shares Iss This information is currently of record in the			ued Check the box to indicate an attachment ☐ SHARES CLASS/SERIES PAR VA: UE					
Department of State.		500						
Changes require an additional filing.		300		CWP		\$1.0000		
		- }						
11 This report must be executed	on behalf of the	corporation by an a	uthorized re	presentative. If the	corporation	is in the ha	ands of a re-	
ceiver or trustee, this report must							ula a a u ul	
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that al l sta tements contained herein are true and correct.								
Name of Authorized Represe tative Date								
Mark A. Søderstrom /							75-1	
Signature of Authorized Representative								
\mathcal{N}								
MAIL TO FILED								
Division of Rusiness Services						_		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 3 2024 VMI 756 7 5 FORM 630- Revised: 12/2023