



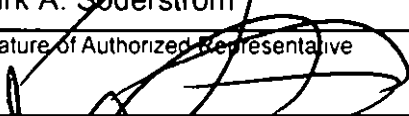
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D & DOCS BSO
 4:09 PM 3/11/24

1. Entity ID Number 000054693		2. Exact name of the Corporation South Stream Seafoods, Inc.			
3. Principal Office Address 100 Jefferson Blvd., Unit 305			City Warwick	State RI	Zip 02888
4. NAICS Code 424460		6. Brief description of the character of business conducted in Rhode Island Food and Seafood Brokerage			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark A. Soderstrom			Vice-President Name		
Street Address 100 Jefferson Blvd., Unit 305			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Mark A. Soderstrom			Treasurer Name Mark A. Soderstrom		
Street Address 100 Jefferson Blvd., Unit 305			Street Address 100 Jefferson Blvd., Unit 305		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		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
		500	CWP	\$1.0000	
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 Mark A. Soderstrom					Date 3/3/24
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

FILED

MAR 13 2024
BY ML 75675
FORM 630- Revised 12/2023