



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.

FILED  
MAR 19 2024  
BY 1228

1. Entity ID Number 000904069		2. Exact name of the Corporation Seabra Foods II, 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Antonio Seabra		Vice-President Name Adam Seabra	
Street Address 33 SE Olive Way		Street Address 574 Ferry Street	
City Boca Raton	State FL	City Newark	State NJ
Zip 33432		Zip 07105	
Secretary Name Antonio Seabra		Treasurer Name Antonio Seabra	
Street Address 33 SE Olive Way		Street Address 33 SE Olive Way	
City Boca Raton	State FL	City Boca Raton	State NJ
Zip 33432		Zip 33432	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Antonio Seabra		Director Name	
Street Address 33 SE Olive Way		Street Address	
City Boca Raton	State FL	City	State
Zip 33432		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		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. <b>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.</b>			
Name of Authorized Representative Antonio Seabra		Date 03/14/2024	
Signature of Authorized Representative 			

MAIL TO:  
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