



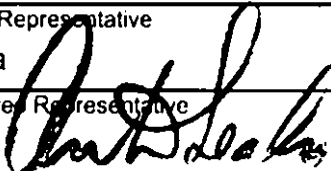
State of Rhode Island
Department of State - Business Services Division

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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 | Zip 33432 | City Newark | State NJ | 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 | Zip 33432 | City Boca Raton | State NJ | Zip 33432 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Antonio Seabra | | | Director Name | | |
| Street Address 33 SE Olive Way | | | Street Address | | |
| City Boca Raton | State FL | Zip 33432 | 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 |
| | | 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. | | | | | |
| 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 Antonio Seabra | | | | Date 03/14/2024 | |
| Signature of Authorized Representative  | | | | | |

MAIL TO:
Division of Business Services
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Website: www.sos.n.gov