



State of Rhode Island

## Department of State - Business Services Division

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FOR  
SECRETARY OF STATE  
USE ONLYAnnual Report for the year: 2024

## Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

|   |  |  |                    |
|---|--|--|--------------------|
| 1. Entity ID Number<br><b>000151195</b>   |  | 2. Exact name of the Limited Liability Company<br><b>Ocean Pride Seafood of Cranston, LLC</b>            |                    |
| 3. NAICS Code<br><b>445299</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Retail fish market</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>  |  |  |                    |
| 6. Principal Office Address<br><b>270 Atwood Avenue</b>   |  | City<br><b>Cranston</b>  | State<br><b>RI</b> |
|   |  | Zip<br><b>02920</b>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                    |
| Contact Name<br><b>Theodore Dumican</b>   |  | Contact Title<br><b>Member</b>   |                    |
| Street Address<br><b>270 Atwood Avenue</b>  |  | City<br><b>Cranston</b>  | State<br><b>RI</b> |
|   |  | Zip<br><b>02920</b>  |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642  |  |  |                    |
| <i>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.</i> |  |  |                    |
| Name of Authorized Person<br><b>Theodore Dumican, Member</b>  |  | Date<br><b>2/10/2024</b>   |                    |
| Signature of Authorized Person<br>   |  |  |                    |

## MAIL TO:

Division of Business Services

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**FILED**  
APR 8 2024  
BY 5747  
