RI SOS Filing Number: 202572739900 Date: 5/5/2025 4:00:00 PM



State of Rhode Island

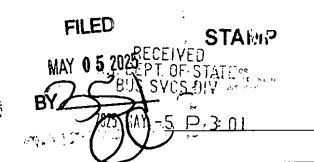
Department of State - Business Services Division

Annual Report for the year: 2025 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.



Entity ID Number	2. Exact name of the L	imited Liability Company			
001704543	PRIME FISE, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
454390	ONLINE SEAFCOD SUPPLIER				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
121 OCEAN STATE DRIVE	SUITE A	NORTH KINGSTOWN	RI	02852	
7. Mailing Address of Limite	ty Company and Name or Title of Contact Person				
Contact Name JACOB DELLAGROTTA		Contact Title MEMBER			
Street Address 1212 OCEAN STATE DR.	JITE A	City NORTH KINGSTOWN	State R I	Zip 02852	
8. The Resident Agent inform	rently of record with the RI Department of State is accurate. Changes require filing Form 642				
Under penalty of perjury, I der statements, and that all state		ave examined this report, including a n are true and correct.	пу ассотрапу	ing schedules and	
Name of Authorized Person			Date		
JACOB DELLAGROTTA		1/16/2		25	
Signature of Authorized Person				- •	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov