



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.

FILED

STAMP

MAY 05 2025

BY

RECEIVED

DEPT. OF STATE

BUS SVCS DIV

MAY -5 P.3:01

1. Entity ID Number 001704543		2. Exact name of the Limited Liability Company PRIME FISH, LLC		
3. NAICS Code 454390		4. Brief description of the character of business conducted in Rhode Island ONLINE SEAFOOD SUPPLIER		
5. State of Formation RI				
6. Principal Office Address 121 OCEAN STATE DRIVE SUITE A		City NORTH KINGSTOWN	State RI	Zip 02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name JACOB DELLAGROTTA		Contact Title MEMBER		
Street Address 1212 OCEAN STATE DR.		City NORTH KINGSTOWN	State RI	Zip 02852
8. The Resident Agent informs me that the information currently of record with the RI Department of State is accurate. Changes require filing Form 642				
Under penalty of perjury, I declare that the information contained herein is true and correct, and I affirm that I have examined this report, including any accompanying schedules and that all statements and that all statements contained herein are true and correct.				
Name of Authorized Person JACOB DELLAGROTTA			Date 4/16/25	
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