



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

JAN 23 2017

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BY _____

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 81107		2. Exact name of the Corporation Blue Moon Seafood, Ltd.			
3. Principal Office Address 20 Oakdale Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Retail sales of seafood and restaurant operation.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel P. Montmarquet			Vice-President Name Daniel P. Montmarquet		
Street Address 20 Oakdale Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Daniel P. Montmarquet			Treasurer Name Daniel P. Montmarquet		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel P. Montmarquet			Director Name		
Street Address 20 Oakdale Road			Street Address		
City North Kingstown	State RI	Zip 02852	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
			100		Common
			PAR VALUE		None
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 Daniel P. Montmarquet				Date <i>1/11/17</i>	
Signature of Authorized Representative <i>Daniel P. Montmarquet</i>				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov