State	of Rhode Island and Office of the Sec	Providence Plantations retary of State	Fee: \$50.00			
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040					
Business Corporation Annual Report Filing Period: January 1 - March	1					
In accordance with R.I.G.L. 7-1 annual report within thirty (30) da (c&d)) is subject to a penalty fee	ays after the time prescribed					
ANNUAL REPORT YEAR: 202	<u>16</u>					
1. Corporate ID No. 000011687						
2. Name of Corporation <u>TRAWLWORKS, INC.</u>						
3. Street Address Principal B	usiness Office:					
	LT'S WAY AGANSETT Stat	e: <u>RI</u> Zip: <u>02882</u> Cour	ntry: <u>USA</u>			
4. Business Phone No.						
401-789-3964						
5. State of Incorporation State: <u>RI</u>						
6. Brief Description of the Ch	aracter of Business Cond	ucted in Rhode Island				
MANUFACTURERS AND RESELLERS OF COMMERCIAL FISHING GEAR						
7. Names and Addresses of t	he Officers and Directors:					
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.						
Title	Individual Name First, Middle, Last, Suffix	Address, City or Town, State, Z	ip Code, Country			
PRESIDENT	ROBERT E TABER	222 WOOD HOLLO WAKEFIELD, RI 0287	DW ROAD			

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>			
CNP		\$0.0000	600.00	236			
<ul> <li>9. 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.</li> <li>Signed this 10 Day of December, 2015 at 12:48:30 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement</li> </ul>							
of the signatory, under penalt the act and deed of the corpo- electronic filing, in compliance By <u>KRISTEN FLYNN</u> Signature of Authorized Rep	ration, and that the e with R.I. Gen. La	e facts stated herein a ws § 7-1.2.					
This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.							
Form No. 630 Revised 09/07							
© 2007 - 2015 State of Rhode Island an All Rights Reserved	d Providence Plantations						