



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 62083		2. Name of Corporation Snug Harbor Fisheries			
3. Street Address Principal Business Office 410 Gooseberry RD			City Wakefield	State RI	Zip 02879
4. Business Phone No. 401-783-7766		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Commercial Fishing					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Albert Conti			Vice President Name Patricia K Conti		
Street Address 410 Gooseberry Rd			Street Address 410 Gooseberry Rd		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Albert Conti			Director Name Patricia K Conti		
Street Address 410 Gooseberry Rd			Street Address 410 Gooseberry Rd		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ☐					
10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			200	common	none

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.

FILED

File Date: MAR 10 2011
Check No. By: [Signature]
1198
FOR SECRETARY OF STATE USE ONLY

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.

Signature: Albert L Conti Date: 3/9/11
Albert L Conti
Print or Type Name
President