



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 36691		2. Exact name of the Corporation Campanale & Sons, Inc.			
3. Principal office address 6 Jennifer Court		City Narragansett	State RI	Zip 02882	
4. Business Phone No. (401) 789-3870		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Commercial fishing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Roy Campanale Sr.			Vice-President Name Christopher Campanale		
Street Address 6 Jennifer Court			Street Address 6 Jennifer Court		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Roy Campanale Jr.			Treasurer Name Roy Campanale Sr.		
Street Address 159 Beach Street			Street Address 6 Jennifer Court		
City North Kingstown	State RI	Zip 02852	City Narragansett	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Roy Campanale Sr.			Director Name Roy Campanale Jr.		
Street Address 6 Jennifer Court			Street Address 159 Beach Street		
City Narragansett	State RI	Zip 02882	City North Kingstown	State RI	Zip 02852
Director Name Christopher Campanale			Director Name		
Street Address 6 Jennifer Court			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			4	common	no par value

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 JAN 20 2015

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 of Authorized Representative: *Roy Campanale Sr.* Date: *1/5/15*
 Roy Campanale Sr.
 Print or Type Name of Authorized Representative