



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. 18324		2. Exact name of the Corporation RED DEVIL FISH & LOBSTER COMPANY, INC.			
3. Principal office address 89 PARADISE AVENUE			City MIDDLETOWN	State RI	Zip 02842
4. Business Phone No. (401) 847-1329		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island OCEAN FISHING AND LOBSTERING BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PAUL E. BENNETT			Vice-President Name HEDY M. S. BENNETT		
Street Address 89 PARADISE AVENUE			Street Address 89 PARADISE AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name PAUL E. BENNETT			Treasurer Name HEDY M. S. BENNETT		
Street Address 89 PARADISE AVENUE			Street Address 89 PARADISE AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name PAUL E. BENNETT			Director Name HEDY M. S. BENNETT		
Street Address 89 PARADISE AVENUE			Street Address 89 PARADISE AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			800	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

Form No. 630
Revised: 01/2012

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.

Paul E. Bennett PRES RDTL 1/20/15
 Signature of Authorized Representative Date

PAUL E BENNETT
 Print or Type Name of Authorized Representative

JAN 22 2015

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