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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.	2. Exact name of the Corporation
75554	Ocean Harvest, Inc.

3. Principal office address	City	State	Zip
134 Aquidneck Avenue	Middletown	RI	02842

4. Business Phone No.	5. State of Incorporation
401-847-9266	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Fishing operations, the marketing of seafood.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Theodore A. Platz, III	134 Aquidneck Avenue	Middletown	RI	02842

Vice-President Name	Street Address	City	State	Zip
Theodore A. Platz, III	134 Aquidneck Avenue	Middletown	RI	02842

Secretary Name	Street Address	City	State	Zip
Theodore A. Platz, III	134 Aquidneck Avenue	Middletown	RI	02842

Treasurer Name	Street Address	City	State	Zip
Theodore A. Platz, III	134 Aquidneck Avenue	Middletown	RI	02842

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Theodore A. Platz, III	134 Aquidneck Avenue	Middletown	RI	02842

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1500	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
FEB 04 2015
BY 514

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.

Theodore A. Platz 1/31/15
Signature of Authorized Representative Date

Theodore A. Platz, III
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
11080329-1015946