



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. 53929		2. Exact name of the Corporation Great Northern Products, Ltd.			
3. Principal office address PO Box 7622		City Warwick		State RI	Zip 02887
4. Business Phone No. 401-821-2400		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Fish dealer					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name George Nolan			Vice-President Name George Nolan		
Street Address PO Box 7622			Street Address PO Box 7622		
City Warwick	State RI	Zip 02887	City Warwick	State RI	Zip 02887
Secretary Name George Nolan			Treasurer Name George Nolan		
Street Address PO Box 7622			Street Address PO Box 7622		
City Warwick	State RI	Zip 02887	City Warwick	State RI	Zip 02887
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name George Nolan			Director Name		
Street Address PO Box 7622			Street Address		
City Warwick	State RI	Zip 02887	City	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
			100	Common	No Par

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

90:01 HV 3 MAR 3 2015

By:

FILED

MAR 03 2015

BY 243683

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

Date

George Nolan, President

Print or Type Name of Authorized Representative