



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. 11670		2. Exact name of the Corporation TRAVIS & NATALIE, INC.			
3. Principal office address 113 Lewiston Avenue		City West Kingston	State RI	Zip 02892	
4. Business Phone No. 401 364-7994		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 Frederick J. Mattera			Vice-President Name Patricia A. Mattera		
Street Address 113 Lewiston Avenue			Street Address 113 Lewiston Avenue		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name Patricia A. Mattera			Treasurer Name Frederick J. Mattera		
Street Address 113 Lewiston Avenue			Street Address 113 Lewiston Avenue		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Frederick J. Mattera			Director Name Patricia A. Mattera		
Street Address 113 Lewiston Avenue			Street Address 113 Lewiston Avenue		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
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
			500	common	\$1.00

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 _____

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FOR SECRETARY OF STATE USE ONLY

Form No. 630

Revised: 01/2012

05/15/2008

FILED

OCT 15 2015

By

258460

A.A.

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.

Frederick J. Mattera 10-2-15

Signature of Authorized Representative

Date

Frederick J. Mattera

Print or Type Name of Authorized Representative