



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

2016

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. 3555 | | 2. Exact name of the Corporation CAPTAIN'S CATCH INC | | | |
| 3. Principal office address 1702 Mineral Spring Ave | | City No Prov | State RI | Zip 02904 | |
| 4. Business Phone No. 401-353-6350 | | 5. State of Incorporation R. I | | | |
| 6. Brief description of the character of business conducted in Rhode Island RETAIL SEAFOOD | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name MARK S. CASTELLI | | | Vice-President Name | | |
| Street Address 1702 Mineral Spring Ave | | | Street Address | | |
| City No Prov | State RI | Zip 02904 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name NONE | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED 6000 Comm NO PAR VALUE 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) <input type="checkbox"/> | | |
| NUMBER OF SHARES 0 | | | CLASS/SERIES | PAR VALUE 0 | |

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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.

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
1/5/16
MARK S. CASTELLI PRES
Print or Type Name of Authorized Representative

FILED

JAN 05 2016

264615

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File Date

Check No.

By:

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