



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. 109904		2. Exact name of the Corporation NAT W INC.			
3. Principal office address 6 Rhody Drive			City Westerly	State RI	Zip 02891
4. Business Phone No. 401-596-0801			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 Thomas E. Williams			Vice-President Name Aaron Williams		
Street Address 6 Rhody Drive			Street Address 6 Rhody Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Thomas H. Williams			Treasurer Name Thomas H. Williams		
Street Address 6 Rhody Drive			Street Address 6 Rhody Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas E. Williams			Director Name Aaron Williams		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
Director Name Thomas H. Williams			Director Name		
Street Address same			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 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

BY 22963

FILED
 JAN 21 2016

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.

Thomas E. Williams 01/15/2016
 Signature of Authorized Representative Date

Thomas E. Williams
 Print or Type Name of Authorized Representative