



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. 000790457		2. Exact name of the Corporation PREVAIL FISHERIES, INC.			
3. Principal office address 730 KINGSTOWN ROAD		City WAKEFIELD	State RI	Zip 02879	
4. Business Phone No. 782-8777		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name GLENN R. GOODWIN			Vice-President Name KYLE E. GOODWIN		
Street Address 149 EDEWOOD FARM ROAD			Street Address 10 NARRAGANSETT AVENUE		
City WAKEFIELD	State RI	Zip 02879	City NEWPORT	State RI	Zip 02940
Secretary Name JULIA WESTCOTT			Treasurer Name JULIA WESTCOTT		
Street Address 730 KINGSTOWN ROAD			Street Address 730 KINGSTOWN ROAD		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name GLENN R. GOODWIN			Director Name KYLE E. GOODWIN		
Street Address 149 EDGEWOOD FARM ROAD			Street Address 10 NARRAGANSETT AVENUE		
City WAKEFIELD	State RI	Zip 02879	City NEWPORT	State RI	Zip 02940
Director Name JULIA WESTCOTT			Director Name		
Street Address 730 KINGSTOWN ROAD			Street Address		
City WAKEFIELD	State RI	Zip 02879	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 _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JAN 22 2016

BY

16216

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

GLENN GOODWIN, PRESIDENT

Print or Type Name of Authorized Representative