



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. 149368		2. Exact name of the Corporation YANKEE PRIDE FISHERIES, INC.	
3. Principal office address 81 POINT AVENUE		City WAKEFIELD	State RI
		Zip 02879	
4. Business Phone No. (401) 783-9647		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 CHRISTOPHER ROEBUCK		Vice-President Name NONE	
Street Address 81 POINT AVENUE		Street Address	
City WAKEFIELD	State RI	Zip 02879	
Secretary Name CHRISTOPHER ROEBUCK		Treasurer Name CHRISTOPHER ROEBUCK	
Street Address 81 POINT AVENUE		Street Address 81 POINT AVENUE	
City WAKEFIELD	State RI	Zip 02879	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name CHRISTOPHER ROEBUCK		Director Name NONE	
Street Address 81 POINT AVENUE		Street Address	
City WAKEFIELD	State RI	Zip 02879	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
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
		100	COMMON
		PAR VALUE	\$0.01 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

FILED

FEB 16 2016

8800

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 CR Date 1/27/16

CHRISTOPHER ROEBUCK, PRESIDENT

Print or Type Name of Authorized Representative