



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. 74088		2. Exact name of the Corporation REBECCA MARY, INC.					
3. Principal office address 765 GRAVELLY HILL ROAD				City WAKEFIELD	State RI	Zip 02879	
4. Business Phone No. (401) 789-5600				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island COMMERCIAL FISHING INDUSTRY							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>							
President Name SCOTT BABCOCK				Vice-President Name LOIS BABCOCK			
Street Address 765 GRAVELLY HILL ROAD				Street Address 765 GRAVELLY HILL ROAD			
City WAKEFIELD	State RI	Zip 02879		City WAKEFIELD	State RI	Zip 02879	
Secretary Name LOIS BABCOCK				Treasurer Name SCOTT BABCOCK			
Street Address 765 GRAVELLY HILL ROAD				Street Address 765 GRAVELLY HILL 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 SCOTT BABCOCK				Director Name NONE			
Street Address 765 GRAVELLY HILL ROAD				Street Address			
City WAKEFIELD	State RI	Zip 02879		City	State	Zip	
Director Name NONE				Director Name NONE			
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	
				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

FILED

FEB 25 2016

RV YL 8910

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.

Scott Babcock

Signature of Authorized Representative

Date

SCOTT BABCOCK, PRESIDENT

Print or Type Name of Authorized Representative