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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	2. Exact name of the Corporation
62083	SNUG HARBOR Fisheries

3. Principal office address	City	State	Zip
410 Gooseberry Rd	Wakefield	RI	02879

4. Business Phone No.	5. State of Incorporation
401 783 7766	RI

6. Brief description of the character of business conducted in Rhode Island

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Albert L Conti	Patricia K Conti
Street Address: 410 Gooseberry Rd	Street Address: 410 Gooseberry Rd
City: Wakefield State: RI Zip: 02879	City: Wakefield State: RI Zip: 02879
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) ☐

Director Name	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	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
	200	common	none

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
MAR 09 2016

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY
BY 22705

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.

Albert L Conti — 3/7/16
Signature of Authorized Representative

Albert L Conti
Print or Type Name of Authorized Representative

Form No. 630
Revised 01/2012

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