



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. Entry ID No. <u>62083</u>	2. Exact name of the Corporation <u>SNUG HARBOR Fisheries</u>		
3. Principal office address <u>410 Gooseberry Rd</u>	City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
4. Business Phone No. <u>701 783 7766</u>	5. State of Incorporation <u>RI</u>		
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 <u>Albert L Conti</u>		Vice-President Name <u>Plumica K Conti</u>	
Street Address <u>410 Gooseberry Rd</u>		Street Address <u>410 Gooseberry Rd</u>	
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Wakefield</u>
State <u>RI</u>	Zip <u>02879</u>	State <u>RI</u>	Zip <u>02879</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	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	State	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	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 <u>200</u>	CLASS/SERIES <u>common</u>
			PAR VALUE <u>none</u>

File Date _____
Check No. _____
By: _____

FILED

MAR 09 2016

FOR SECRETARY OF STATE USE ONLY

BY 22705

Under penalty of perjury, I declare and affirm that I have read this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Albert L Conti
Signature of Authorized Representative

3/7/16

Albert L Conti
Print or Type Name of Authorized Representative