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
112403	Fishing Details Corp LTD

3. Principal office address	City	State	Zip
125 Summit St	E. Prov	RI	02914

4. Business Phone No.	5. State of Incorporation
	RI

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

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

President Name	Vice-President Name
Margaret Rezendes	
Street Address	**Street Address**
125 Summit St.	
City / State / Zip	**City / State / Zip**
E. Prov / RI / 02914	
Secretary Name	**Treasurer Name**
Same	Same
Street Address	**Street Address**
Same	
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**
Same	Same
City / State / Zip	**City / State / Zip**
Director Name	**Director Name**
Same	Same
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

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CORPORATIONS DIV

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1000	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
MAR 10 2016
BY CR269767

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.

Margaret Rezendes — 3/10/2016
Signature of Authorized Representative — Date

Margaret Rezendes
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012