



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 109904		2. Exact name of the Corporation NAT W INC.			
3. Principal Office Address 6 Rhody Drive		City Westerly		State RI	Zip 02891
4. NAICS Code 11 - Agriculture, Forestry, Fishi	6. Brief description of the character of business conducted in Rhode Island Commercial Fishing				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Thomas E. Williams			Vice-President Name Aaron Williams		
Street Address 6 Rhody Drive			Street Address 6 Rhody Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Thomas H. Williams			Treasurer Name Thomas H. Williams		
Street Address 6 Rhody Drive			Street Address 6 Rhody Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891100
8. List ALL directors (names and addresses) Check the box to indicate an 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 Common No Par Value		
11. 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. 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.					
Name of Authorized Representative Thomas E. Williams				Date 1/03/2017	
Signature of Authorized Representative <i>Thomas E. Williams</i> SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 17 2017

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FORM 630 - Revised: 10/2016