



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 530971		2. Exact name of the Corporation South County Shellfish Farm, Inc.			
3. Principal Office Address 68 Emmett Lane			City Wakefield	State RI	Zip 02879
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island Aquaculture			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David V. Siperly			Vice-President Name Loren B. Siperly		
Street Address 68 Emmett Lane			Street Address 68 Emmett Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Loren B. Siperly			Treasurer Name David V. Siperly		
Street Address 68 Emmett Lane			Street Address 68 Emmett Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David V. Siperly			Director Name Loren B. Siperly		
Street Address 68 Emmett Lane			Street Address 68 Emmett Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					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 <i>DAVID SIPERLY - President</i>					Date <i>1/18/17</i>
Signature of Authorized Representative <i>[Signature]</i>					

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

FILED
 JAN 23 2017

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