

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

Annual Report for the year: 2016
 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 000327244		2. Exact name of the Corporation M.F. FOLEY INCORPORATED-NEW BEDFORD					
3. Principal Office Address 77 WRIGHT STREET			City NEW BEDFORD	State MA	Zip 02740		
4. Business Phone Number 508-984-4863			5. State of Incorporation MA				
6. Brief description of the character of business conducted in Rhode Island FISH PROCESSOR							
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
President Name LAURA F. RAMSDEN			Vice-President Name				
Street Address 77 WRIGHT STREET			Street Address				
City NEW BEDFORD	State MA	Zip 02740	City	State	Zip		
Secretary Name PETER B. RAMSDEN			Treasurer Name PETER B. RAMSDEN				
Street Address 77 WRIGHT STREET			Street Address 77 WRIGHT STREET				
City NEW BEDFORD	State MA	Zip 02740	City NEW BEDFORD	State MA	Zip 02740		
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
Director Name LAURA F. RAMSDEN			Director Name PETER B. RAMSDEN				
Street Address 77 WRIGHT STREET			Street Address 77 WRIGHT STREET				
City NEW BEDFORD	State MA	Zip 02740	City NEW BEDFORD	State MA	Zip 02740		
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		PAR VALUE	
		1				1	
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>Peter B. Ramsden</i>					Date 2-9-17		
Signature of Authorized Representative PETER B RAMSDEN							

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

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