



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 16704		2. Exact name of the Corporation NICK'S FINE FOODS, INC.			
3. Principal Office Address 8 FREEBODY STREET, P.O. BOX 549			City NEWPORT	State RI	Zip 02840
4. NAICS Code 71 - Arts, Entertainment, and R		6. Brief description of the character of business conducted in Rhode Island THE ACQUISITION, OWNERSHIP AND MAINTENANCE OF YACHTS, BOATS AND VESSELS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHRIS CHARLES YOUNG			Vice-President Name CHRIS CHARLES YOUNG		
Street Address 38 MEMORIAL BOULEVARD WEST			Street Address 38 MEMORIAL BOULEVARD WEST		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name CHRIS CHARLES YOUNG			Treasurer Name CHRIS CHARLES YOUNG		
Street Address 38 MEMORIAL BOULEVARD WEST			Street Address 38 MEMORIAL BOULEVARD WEST		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CHRIS CHARLES YOUNG			Director Name		
Street Address 38 MEMORIAL BOULEVARD WEST			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
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		PAR VALUE
			CLASS/SERIES		
			100		0.00
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. <i>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.</i>					
Name of Authorized Representative CHRIS CHARLES YOUNG				Date FILED 2/23/17	
Signature of Authorized Representative 				FEB 23 2017	

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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