




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 93797		2. Exact name of the Corporation SALT POND FISHERIES, INC.			
3. Principal Office Address 81 POINT AVENUE		City WAKEFIELD		State RI	Zip 02879
4. NAICS Code 11 - Agriculture, Forestry, Fishi	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY				
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 CHRISTOPHER ROEBUCK			Vice-President Name NONE		
Street Address 81 POINT AVENUE			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Secretary Name CHRISTOPHER ROEBUCK			Treasurer Name CHRISTOPHER ROEBUCK		
Street Address 81 POINT AVENUE			Street Address 81 POINT AVENUE		
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 CHRISTOPHER ROEBUCK			Director Name NONE		
Street Address 81 POINT AVENUE			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			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 CHRISTOPHER ROEBUCK, PRESIDENT					Date 2/20/17
Signature of Authorized Representative 					

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

FEB 23 2017

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