RI SOS Filing Number: 201734797640 Date: 2/23/2017 4:00:00 PM

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	2. Exact name of the Corporation
149368	YANKEE PRIDE FISHERIES, INC.

3. Principal Office Address	City	State	Zip
81 POINT AVENUE	WAKEFIELD	RI	02879

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
11 - Agriculture, Forestry, Fishi	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 ☐

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 ☐

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

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	$0.01 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	Date
CHRISTOPHER ROEBUCK, PRESIDENT	✓ 2/20/17

Signature of Authorized Representative

FILED

FEB 23 2017

BY 9276 DS

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

FORM 630 - Revised: 02/2017