



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 <b>1665194</b>		2. Exact name of the Corporation <b>REPOSA FISHERIES LTD.</b>			
3. Principal Office Address <b>336 MAIN STREET</b>		City <b>WAKEFIELD</b>		State <b>RI</b>	Zip <b>02879</b>
4. NAICS Code <b>11 - Agriculture, Forestry, Fishi</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>CLARKE A. REPOSA SR.</b>		Vice-President Name <b>NONE</b>			
Street Address <b>336 MAIN STREET</b>		Street Address			
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	
Secretary Name <b>NONE</b>		Treasurer Name <b>NONE</b>			
Street Address		Street Address			
City	State	Zip	City	State	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>CLARKE A. REPOSA SR.</b>		Director Name <b>NONE</b>			
Street Address <b>336 MAIN STREET</b>		Street Address			
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	
Director Name <b>NONE</b>		Director Name <b>NONE</b>			
Street Address		Street Address			
City	State	Zip	City	State	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>1000</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>CLARKE A. REPOSA, SR.</b>				Date <b>2/21/17</b>	
Signature of Authorized Representative <i>Clarke A. Reposa</i>					

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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