RI SOS Filing Number: 201735113250 Date: 2/27/2017 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
18324	RED DEVIL FISH AND LOBSTER COMPANY, INC.

3. Principal Office Address	City	State	Zip
89 PARADISE AVENUE	MIDDLETOWN	RI	02842

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
11 - Agriculture, Forestry, Fishi	OCEAN FISHING AND LOBSTERING BUSINESS
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: PAUL E. BENNETT			Vice-President Name: HEDY M.S. BENNETT		
Street Address: 89 PARADISE AVENUE			Street Address: 89 PARADISE AVENUE		
City: MIDDLETOWN	State: RI	Zip: 02842	City: MIDDLETOWN	State: RI	Zip: 02842
Secretary Name: PAUL E. BENNETT			Treasurer Name: HEDY M.S. BENNETT		
Street Address: 89 PARADISE AVENUE			Street Address: 89 PARADISE AVENUE		
City: MIDDLETOWN	State: RI	Zip: 02842	City: MIDDLETOWN	State: RI	Zip: 02842

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: PAUL E. BENNETT			Director Name: HEDY M.S. BENNETT		
Street Address: 89 PARADISE AVENUE			Street Address: 89 PARADISE AVENUE		
City: MIDDLETOWN	State: RI	Zip: 02842	City: MIDDLETOWN	State: RI	Zip: 02842
Director Name:			Director Name:		
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
800	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	Date
PAUL E. BENNETT	2/24/17

Signature of Authorized Representative: Paul E Bennett PRES

FILED
FEB 27 2017
BY 217595

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: 10/2016