



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | |
|---|--|--------------------|---------------------|
| 1. Entity ID No 62083 | 2. Exact name of the Corporation SNOG HARBOR Fisheries | | |
| 3. Principal office address 410 Gooseberry Rd | City Wakefield | State RI | Zip 02879 |
| 4. Business Phone No 901 783 7766 | 5. State of Incorporation RI | | |
| 7. Brief description of the character of business conducted in Rhode Island | | | |

| | | | | | |
|--|--------------------|---------------------|--|--------------------|---------------------|
| 7. LIST ALL OFFICERS | | | | | |
| President Name Albert L Conti | | | Vice-President Name Patricia K Conti | | |
| Street Address 410 Gooseberry Rd | | | Street Address 410 Gooseberry Rd | | |
| City Wakefield | State RI | Zip 02879 | City Wakefield | State RI | Zip 02879 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| | | | | | |
|---|-------|-----|----------------|-------|-----|
| 8. LIST ALL DIRECTORS NAMES AND ADDRESSES ("X" BOX FOR ATTACHMENT) | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| | | | |
|--|---|---------------|-------------|
| 9. SHARES AUTHORIZED | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | 200 | Common | none |

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.

File Date
 Checked
 By
 FOR SECRETARY OF STATE USE ONLY

FILED
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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.
Albert L Conti **2/26/17**
 Signature of Authorized Representative Date
Albert L Conti
 Print or Type Name of Authorized Representative