



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 116263		2. Exact name of the Corporation BROOKE C. FISHERIES, INC.			
3. Principal Office Address 1163 WORDENS POND ROAD			City CHARLESTOWN	State RI	Zip 02813
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 SCOTT D. CHRISTOPHER			Vice-President Name NONE		
Street Address 1163 WORDENS POND ROAD			Street Address		
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Secretary Name SCOTT D. CHRISTOPHER			Treasurer Name SCOTT D. CHRISTOPHER		
Street Address 1163 WORDENS POND ROAD			Street Address 1163 WORDENS POND ROAD		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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. <i>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.</i>					
Name of Authorized Representative SCOTT D. CHRISTOPHER, PRESIDENT			Date 2/15/17		
Signature of Authorized Representative <i>[Signature]</i>			FILED		

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

MAR 06 2017

BY *[Signature]*

FORM 630 - Revised: 10/2016