



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 113073		2. Exact name of the Corporation COMMERCIAL FISHERMEN'S ASSOCIATION			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To protect, promote and foster and to advance the interest in Rhode Island's first industry, the commercial fishing industry.			
4. NAICS Code 813910 - Business Association:					
6. Principal Office Address PO Box 5161			City Wakefield	State RI	Zip 02880
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher T. Brown			Vice-President Name Rodman Sykes		
Street Address 35 Erica Court			Street Address PO Box 243		
City West Kingston	State RI	Zip 02892	City Peace Dale	State RI	Zip 02883
Secretary Name Robert J. Dougherty			Treasurer Name Robert J. Dougherty		
Street Address 1230 Wordens Pond Road			Street Address 1230 Wordens Pond Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher T. Brown			Director Name Rodman Sykes		
Street Address 35 Erica Court			Street Address PO Box 243		
City West Kingston	State RI	Zip 02892	City Peace Dale	State RI	Zip 02883
Director Name Robert J. Dougherty			Director Name		
Street Address 1230 Wordens Pond Road			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Christopher T. Brown, President				Date 7/12/17	
Signature of Officer/Authorized Representative <i>Christopher Brown</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

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 FORM 631 - Revised: 06/2017