



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 <u>700690</u>		2. Exact name of the Corporation <u>R.E. Fish Incorporated</u>	
3. Principal Office Address <u>60 Star St</u>		City <u>Warwick</u>	State <u>RT.</u>
		Zip <u>02886</u>	
4. NAICS Code <u># 20130</u>	6. Brief description of the character of business conducted in Rhode Island <u>GRASS CUTTING, Trim Shrubs, FALL CLEAN-UPS</u>		
5. State of Incorporation <u>RT</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Ronald E Fish</u>		Vice-President Name <u>Beth A. Fish</u>	
Street Address <u>60 Star St</u>		Street Address <u>60 Star St.</u>	
City <u>Warwick</u>	State <u>RT</u>	City <u>Warwick</u>	State <u>RT</u>
Secretary Name <u>Beth A. Fish</u>		Treasurer Name	
Street Address <u>60 Star St</u>		Street Address	
City <u>Warwick</u>	State <u>RT</u>	City	State
		Zip <u>02886</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<u>600</u>	<u>NON-PAR</u>
			<u>0</u>
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 <u>Ronald E Fish</u>		Date	
Signature of Authorized Representative <u>Ronald E. Fish</u>		FILED	

MAIL TO:
 Division of Business Services
 440 W. Pine Street, Providence, Rhode Island 02904-2645

SEP 05 2017

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