



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP
JAN 31 2018
SECRETARY OF STATE
 BY 11299
[Signature]

1. Entity ID Number 530971		2. Exact name of the Corporation South County Shellfish Farm, Inc.			
3. Principal Office Address 68 Emmett Lane			City Wakefield	State RI	Zip 02879
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island Aquaculture			
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 David V. Sipperty			Vice-President Name Loren B. Sipperty		
Street Address 68 Emmett Lane			Street Address 68 Emmett Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Loren B. Sipperty			Treasurer Name David V. Sipperty		
Street Address 68 Emmett Lane			Street Address 68 Emmett Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David V. Sipperty			Director Name Loren B. Sipperty		
Street Address 68 Emmett Lane			Street Address 68 Emmett Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	PAR VALUE
			100	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 <i>DAVID SIPPERTY</i>					Date <i>1/22/18</i>
Signature of Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE

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