



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
 STA.
 FEB 15 2018
 BY 9149

1. Entity ID Number 74088		2. Exact name of the Corporation REBECCA MARY, INC.			
3. Principal Office Address 765 GRAVELLY HILL ROAD			City WAKEFIELD	State RI	Zip 02879
4. NAICS Code 114111		6. Brief description of the character of business conducted in Rhode Island 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 BABCOCK			Vice-President Name LOIS BABCOCK		
Street Address 765 GRAVELLY HILL ROAD			Street Address 765 GRAVELLY HILL ROAD		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name LOIS BABCOCK			Treasurer Name SCOTT BABCOCK		
Street Address 765 GRAVELLY HILL ROAD			Street Address 765 GRAVELLY HILL ROAD		
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 SCOTT BABCOCK			Director Name NONE		
Street Address 765 GRAVELLY HILL ROAD			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Director Name NONE			Director Name NONE		
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. <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 BABCOCK, PRESIDENT				Date 2-13-18	
Signature of Authorized Representative <i>Scott Babcock</i>					

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