



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

Annual Report for the year: 2018
Corporation

STAMP

- 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 18324		2. Exact name of the Corporation RED DEVIL FISH AND LOBSTER COMPANY, INC.	
3. Principal Office Address 89 PARADISE AVENUE		City MIDDLETOWN	State RI
		Zip 02842	
4. NAICS Code 11 Agriculture, Forestry, Fishing	6. Brief description of the character of business conducted in Rhode Island OCEAN FISHING AND LOBSTERING BUSINESS		
5. State of Incorporation: RHODE ISLAND	<i>114112</i>		
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name PAUL E. BENNETT		Vice-President Name HEDY M. S. BENNETT	
Street Address 89 PARADISE AVENUE		Street Address 89 PARADISE AVENUE	
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN
Secretary Name HEDY M.S. BENNETT		Treasurer Name PAUL E. BENNETT	
Street Address 89 PARADISE AVENUE		Street Address 89 PARADISE AVENUE	
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN
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	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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 800	CLASSIFIER ES 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.			
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>Paul E. Bennett</i>			Date 2-16-18
Signature of Authorized Representative <i>[Signature]</i>			Date 2-16-18

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

FILED

FEB 22 2018

FORM 630 - Revised: 10/2017

BY *2/16/18 DS*