



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2018
Corporation

2018 FEB 27 AM 8:36

- 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 92544		2. Exact name of the Corporation COASTAL AQUACULTURAL SUPPLY CO, INC												
3. Principal Office Address 100 GLEN ROAD			City CRANSTON	State RI	Zip 02920									
4. NAICS Code 331110		6. Brief description of the character of business conducted in Rhode Island WHOLESALE DISTRIBUTION OF AQUACULTURAL PRODUCTS AND MATERIALS.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name BRIAN J BOWES			Vice-President Name NONE											
Street Address 100 GLEN ROAD			Street Address											
City CRANSTON	State RI	Zip 02920	City	State	Zip									
Secretary Name BRIAN J BOWES			Treasurer Name BRIAN J BOWES											
Street Address SAME			Street Address SAME											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name NONE			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	COMMON	NO PAR			
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1000	COMMON	NO PAR												
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 BRIAN J BOWES					Date									
Signature of Authorized Representative <i>Brian J Bowes</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

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