



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.

1. Entity ID Number 1667183		2. Exact name of the Corporation JUST DUCKY FISHERIES, INC.			
3. Principal Office Address PO BOX 296		City JAMESTOWN		State RI	Zip 02835
4. NAICS Code 114111	6. Brief description of the character of business conducted in Rhode Island COMMERCIAL FISHING				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDWARD COUGHLAN		Vice-President Name			
Street Address 79 NORTH MAIN ROAD		Street Address			
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
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 EDWARD COUGHLAN		Director Name			
Street Address PO BOX 296		Street Address			
City JAMESTOWN	State RI	Zip 02835	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		NONE	1.00
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 WILLIAM PRENDERGAST, EA					Date 2/27/2018
Signature of Authorized Representative 					

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**
MAR 05 2018BY 1033

FORM 630 - Revised: 10/2017