

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 000327244		2. Exact name of the Corporation M.F. FOLEY INCORPORATED-NEW BEDFORD			
3. Principal Office Address 77 WRIGHT STREET			City NEW BEDFORD	State MA	Zip 02740
4. NAICS Code 311710	6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation MA	FISH PROCESSOR				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name LAURA F. RAMSDEN			Vice-President Name		
Street Address 77 WRIGHT STREET			Street Address		
City NEW BEDFORD	State MA	Zip 02740	City	State	Zip
Secretary Name PETER B. RAMSDEN			Treasurer Name PETER B. RAMSDEN		
Street Address 77 WRIGHT STREET			Street Address 77 WRIGHT STREET		
City NEW BEDFORD	State MA	Zip 02740	City NEW BEDFORD	State MA	Zip 02740
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name LAURA F. RAMSDEN			Director Name PETER B. RAMSDEN		
Street Address 77 WRIGHT STREET			Street Address 77 WRIGHT STREET		
City NEW BEDFORD	State MA	Zip 02740	City NEW BEDFORD	State MA	Zip 02740
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES		CLASS/SERIES
			1		1
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 					Date 02-15-18
Signature of Authorized Representative PETER B RAMSDEN					

FILED

MAIL TO:

Division of Business Services

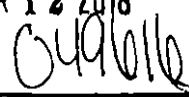
148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

MAR 12 2018

BY



FORM 630 - Revised: 08/2017