



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
 MAR 25 2018
 3802

1. Entity ID Number 000109365		2. Exact name of the Corporation Silver Fox Fisheries, Inc.	
3. Principal Office Address 15 Winterberry Road		City Saunderstown	State RI
		Zip 02874	
4. NAICS Code 336611	6. Brief description of the character of business conducted in Rhode Island To purchase, lease and/or rent vessels of all kinds; to operate such vessels in the 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 Edward L. McCaffrey, Jr.		Vice-President Name Edward L. McCaffrey, Jr.	
Street Address 15 Winterberry Road		Street Address 15 Winterberry Road	
City Saunderstown	State RI	Zip 02874	City Saunderstown
			State RI
			Zip 02874
Secretary Name Edward L. McCaffrey, Jr.		Treasurer Name Edward L. McCaffrey, Jr.	
Street Address 15 Winterberry Road		Street Address 15 Winterberry Road	
City Saunderstown	State RI	Zip 02874	City Saunderstown
			State RI
			Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Edward L. McCaffrey, Jr.		Director Name	
Street Address 15 Winterberry Road		Street Address	
City Saunderstown	State RI	Zip 02874	City
			State
			Zip 02879
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	
		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. 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 Edward L. McCaffrey Jr		Date 3/15/18	
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