



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 92814		2. Exact name of the Corporation SALTY DOG SEAFOOD, INC.			
3. Principal Office Address 34 Brayton Street		City East Greenwich		State RI	Zip 02818
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island The ownership and operation of a fishing vessel.			
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 Richard A. Fuka, Jr.			Vice-President Name Richard A. Fuka, Jr.		
Street Address 34 Brayton Street			Street Address 34 Brayton Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Richard A. Fuka, Jr.			Treasurer Name Richard A. Fuka, Jr.		
Street Address 34 Brayton Street			Street Address 34 Brayton Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard L. Fuka, Jr.			Director Name		
Street Address 34 Brayton Street			Street Address		
City East Greenwich	State RI	Zip 02818	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
			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 <i>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.</i>					
Name of Authorized Representative Richard L. Fuka, Jr.					Date 22 MAR 18
Signature of Authorized Representative <i>Richard L. Fuka Jr.</i>			SIGN DOCUMENT HERE		

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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APR 05 2018
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