



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMPFOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 530971		2. Exact name of the Corporation South County Shellfish Farm, Inc.			
3. Principal Office Address 68 Emmett Lane			City Wakefield	State RI	Zip 02879
4. NAICS Code 424990	6. Brief description of the character of business conducted in Rhode Island Aquaculture				
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 David V. Sipperly			Vice-President Name Loren B. Sipperly		
Street Address 68 Emmett Lane			Street Address 68 Emmett Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Loren B. Sipperly			Treasurer Name David V. Sipperly		
Street Address 68 Emmett Lane			Street Address 68 Emmett Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David V. Sipperly			Director Name Loren B. Sipperly		
Street Address 68 Emmett Lane			Street Address 68 Emmett Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
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 DAVID SIPPRLY					Date 1/24/19
Signature of Authorized Representative <i>David V. Sipperly</i>					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

FILED

JAN 31 2019

BY

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