



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.

1. Entity ID Number 797636		2. Exact name of the Corporation Ten Point Dragging Corp.			
3. Principal Office Address 136 Old Post Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 114111		6. Brief description of the character of business conducted in Rhode Island To engage in all facets of the commercial 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 Joel Hovanesian			Vice-President Name Susan M. Hovanesian		
Street Address 136 Old Post Road			Street Address 136 Old Post Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Joel Hovanesian			Treasurer Name Susan M. Hovanesian		
Street Address Same as above			Street Address Same as above		
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 100	CLASS/SERIES common	PAR VALUE - 0 -
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 Joel Hovanesian				Date 2-6-19	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED *tv*

FEB 13 2019

BY 5097

MAIL TO:
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 Website: www.sos.ri.gov