



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

S A 19

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 121059		2. Exact name of the Corporation Barlow Fisheries, Inc.			
3. Principal Office Address 390 Pendar Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 114111		6. Brief description of the character of business conducted in Rhode Island To engage in any and 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 Einar H. Barlow			Vice-President Name Einar H. Barlow		
Street Address 390 Pendar Road			Street Address 390 Pendar Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Einar H. Barlow			Treasurer Name Einar H. Barlow		
Street Address 390 Pendar Road			Street Address 390 Pendar Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Einar H. Barlow			Director Name		
Street Address 390 Pendar Road			Street Address		
City North Kingstown	State RI	Zip 02852	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/SES	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 Einar H. Barlow					Date 2/11/19
Signature of Authorized Representative FILED					

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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