



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.

FILED

MAR 20 2019

BY

2025

1. Entity ID Number 000124866		2. Exact name of the Corporation First Light Fisheries, Inc.			
3. Principal Office Address 26 CREST ROAD			City TIVERTON	State RI	Zip 02878
4. NAICS Code 336611		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL FISHING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JON S. KOURTESIS			Vice-President Name		
Street Address 26 CREST RD			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Secretary Name JON S. KOURTESIS			Treasurer Name JON S. KOURTESIS		
Street Address 26 CREST RD			Street Address 26 CREST RD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JON S. KOURTESIS			Director Name		
Street Address 26 CREST RD			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES CNP	PAR VALUE \$0.0000
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 JON S. KOURTESIS				Date 3/16/2019	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017