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 SECRETARY OF STATE
 CORPORATION DIV.
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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 001659679		2. Exact name of the Corporation FISH TAILS, INC.			
3. Principal Office Address 125 THAMES ST		City BRISTOL	State RI	Zip 02809	
4. NAICS Code 445220		6. Brief description of the character of business conducted in Rhode Island FISH DEALER, WHOLESALE			
5. State of Incorporation RI					
Check the box to indicate an attachment <input type="checkbox"/>					
7. List ALL officers (names and addresses)					
President Name ANTONIO DASILVA			Vice-President Name YARA DASILVA		
Street Address 19 COLIN CIRCLE			Street Address 19 COLIN CIRCLE		
City WARREN		State RI	Zip 02885	City WARREN	
State RI		Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. List ALL directors (names and addresses)					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10		\$0.01
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 ANTONIO DASILVA				Date 3/1/19	
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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