



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.

RECEIVED  
STATE  
CORPORATION DIV.  
19 MAY 16 PM 2:04

1. Entity ID Number <b>001659679</b>		2. Exact name of the Corporation <b>FISH TAILS, INC.</b>			
3. Principal Office Address <b>125 THAMES ST</b>		City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	
4. NAICS Code <b>445220</b>		6. Brief description of the character of business conducted in Rhode Island <b>FISH DEALER, WHOLESALE</b>			
5. State of Incorporation <b>RI</b>					
Check the box to indicate an attachment <input type="checkbox"/>					
7. List ALL officers (names and addresses)					
President Name <b>ANTONIO DASILVA</b>			Vice-President Name <b>YARA DASILVA</b>		
Street Address <b>19 COLIN CIRCLE</b>			Street Address <b>19 COLIN CIRCLE</b>		
City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		PAR VALUE
			<b>10</b>		<b>\$0.01</b>
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 <b>ANTONIO DASILVA</b>					Date <b>3/1/19</b>
Signature of Authorized Representative 					<b>FILED</b>

MAY 16 2019 2:06

BY Ch FPD61