



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

Annual Report for the year: **2019**
Corporation

STAMP

- 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 18324		2. Exact name of the Corporation RED DEVIL FISH AND LOBSTER COMPANY, INC.			
3. Principal Office Address 89 PARADISE AVENUE		City MIDDLETOWN		State RI	Zip 02842
4. NAICS Code 11 Agriculture, Forestry, Fishing		6. Brief description of the character of business conducted in Rhode Island OCEAN FISHING AND LOBSTERING BUSINESS			
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 PAUL E. BENNETT			Vice-President Name HEDY M. S. BENNETT		
Street Address 89 PARADISE AVENUE			Street Address 89 PARADISE AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name HEDY M.S. BENNETT			Treasurer Name PAUL E. BENNETT		
Street Address 89 PARADISE AVENUE			Street Address 89 PARADISE AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 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 800	CLASS/SERIES COMMON	PAR VALUE 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 Paul E. Bennett				Date 2-28-19	
Signature of Authorized Representative Paul E. Bennett				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

Filed
3/6/19

FORM 630 - Revised: 10/2017

Check # 22516