



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

Annual Report for the year: **2020**
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

STAMP

FEB 13 2020

BY

105841
JDA

1. Entity ID Number 000100694		2. Exact name of the Corporation SEAPRIDE TRAWLERS, INC.												
3. Principal Office Address 26 SHANNON ROAD			City WAKEFIELD	State RI	Zip 02879									
4. NAICS Code 114111	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE FISHING BUSINESS, TO OWN FISHING VESSELS													
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 MICHAEL A. DOYLE			Vice-President Name NONE											
Street Address 26 SHANNON ROAD			Street Address											
City WAKEFIELD	State RI	Zip 02879	City	State	Zip									
Secretary Name MICHAEL A. DOYLE			Treasurer Name MICHAEL A. DOYLE											
Street Address 26 SHANNON ROAD			Street Address 26 SHANNON ROAD											
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>CWP</td> <td>1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	CWP	1.00			
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200	CWP	1.00												
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 MICHAEL A. DOYLE					Date 2/10/2020									
Signature of Authorized Representative  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