



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

Annual Report for the year: 2020
Corporation

FILED

FEB 24 2020

BY

10479.05

- 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 000072916		2. Exact name of the Corporation C R FISHERIES, INC.			
3. Principal Office Address P.O. BOX 242			City PEACEDALE	State RI	Zip 02883
4. NAICS Code 336611		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY TITLE: 7-1.1-51			
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 RODMAN W. SYKES			Vice-President Name CHRISTINE A. SYKES		
Street Address P.O. BOX 242			Street Address P.O. BOX 242		
City PEACEDALE	State RI	Zip 02883	City PEACEDALE	State RI	Zip 02883
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<i>600</i>		<i>Common</i>	<i>\$0.00</i>
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 <i>Jennifer Westcott</i>					Date <i>2/4/2020</i>
Signature of Authorized Representative <i>Jennifer Westcott</i>					