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 NC

\rightarrow	Filing	period:	January 1	- M	arch	1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

Entity ID Number	2 Exact nar	ne of the Cornors	tion.		B1				
000072916		2. Exact name of the Corporation C R FISHERIES, INC.							
3. Principal Office Address	I	·	City		State	Zip			
P.O. BOX 242			PEACEDAL	_E	RI	02883			
4. NAICS Code	6. Brief desc	cription of the cha	racter of business	conducted in F	Rhode Island	\			
336611		TO ENGAGE IN ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY							
5. State of Incorporation	TITLE: 7-1.	.1-51							
RHODE ISLAND									
7. List ALL officers (names a	nd addresses)	<u>-</u>			Check the box to indic	ate an attachment			
President Name RODMAN W.	Vice-Presider	Vice-President Name CHRISTINE A. SYKES							
Street Address P.O. BOX 242	Street Addres	Street Address P.O. BOX 242							
City PEACEDALE	State RI	Zip02883		City PEACEDALE		Zip 02883			
Secretary Name	Secretary Name			Treasurer Name					
Street Address			Street Addres	Street Address					
City	State	Zip	City	City		Zip			
8. List ALL directors (names	and addresses)			-:	Check the box to indic	ate an attachment			
Director Name			Director Nami	е		•			
Street Address			Street Addres	Street Address					
City	State	Zip	City	City		Zip			
Director Name			Director Name	Director Name					
Street Address	Street Addres	Street Address							
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares			Check the box to indic				
This information is currently of Department of State.	of record in the	·	R OF SHARES	ΙΛ	ASS/SERIES	PAR VALUE			
		60	0	Comp	non	₩ 🗘 . o 🗁			
Changes require an additiona	il filing.								
11. This report must be exec					ne corporation is in the	hands of a receiver o			
trustee, this report must be					v seemsanvina saha	dulas and			
Under penalty of perjury, I statements, and that all st				including an	y accompanying sche	dules allo			
Name of Authorized Repres		1 0 .	. 1		Date , ,				
	Jennite	s West	iott		1/4/	2020			
Signature of Authorized Rep	presentative	1 mhisian	1 a Catter		• •				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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