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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

FEB 2 4 2020

Entity ID Number 2. Exact name of the Corporation									
000130207		2. Exact name of the Corporation F/V OCEANA INC							
3. Principal Office Address			City	St	ate	Zip			
817 TUCKERTOWN ROAD)		WAKEFIELD	R	l	02879			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island							
336611	TO ENGAG	TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY.							
5. State of Incorporation									
RHODE ISLAND									
7. List ALL officers (names a	and addresses)	 -		Check the b	ox to indicate	an attachment			
President Name DEAN PESANTE			Vice-President Na	Vice-President Name					
Street Address 817 TUCKERTOWN ROAD			Street Address	Street Address					
				City State Zip					
City WAKEFIELD	State RI	^{Zıp} 02879	City	514	316	Zip			
Secretary Name		•	Treasurer Name	Treasurer Name					
Street Address			Street Address	Street Address					
City	State	Zip	City	Sta	ate	Zıp			
8. List ALL directors (names	and addresses)	·····		Check the b	ox to indicate	an attachment			
Director Name			Director Name		-				
Street Address			Street Address	Street Address					
			Circeryadiess						
City	State	Zip	City	Sta	ate	Zip			
Director Name			Director Name	Director Name					
Street Address			Street Address	Street Address					
City	State	Zip	City	Sta	ate	Zıp			
9. Shares Authorized	of an anad in the	10. Shares Issue cord in the NUMBER OF S		ded Check the box to indicate an attachment Shares CLASS/SERIES PAR VALUE					
Department of State.	This information is currently of record in the Department of State.					_			
Changes require an additiona	l di	40	10	Commor	}	0			
Cuanges require an additiona	ii tiiing.								
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 Date									
)(nnite Westrott 2/4/2020									
Signature of Authorized Representative									
<u> </u>	TITING S	V///I/1/00	, –						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov