



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

STAMP

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.

| | | | | | |
|--|--------------------|---|--|----------------------------------|---------------------|
| 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 114111 | | 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 | | 10. Shares Issued 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. | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 800 | COMMON | 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. <i>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.</i> | | | | | |
| Name of Authorized Representative PAUL E BENNETT PRES RAFL | | | | Date 2-21-2020 | |
| Signature of Authorized Representative <i>Paul E Bennett</i> | | | | SIGN DOCUMENT HERE: FILED | |

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

FEB 24 2020

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