



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 27 2020

BY

WJDS

1. Entity ID Number 000071871		2. Exact name of the Corporation J.S. FISHERIES, INC.			
3. Principal Office Address 96 CHASE HILL ROAD			City ASHAWAY	State RI	Zip 02804
4. NAICS Code 336611		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL FISHERIES BUSINESS, HARVEST AND SALE OF FISHERIES PRODUCTS			
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 JOHN STOLGITIS			Vice-President Name JOHN STOLGITIS		
Street Address 96 CHASE HILL ROAD			Street Address 96 CHASE HILL ROAD		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
Secretary Name JOHN STOLGITIS			Treasurer Name JOHN STOLGITIS		
Street Address 96 CHASE HILL ROAD			Street Address 96 CHASE HILL ROAD		
City ASHAWAY	State RI	Zip 02804	City ASSHAWAY	State RI	Zip 02804
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN STOLGITIS			Director Name NONE		
Street Address 96 CHASE HILL ROAD			Street Address		
City ASHAWAY	State RI	Zip 02804	City	State	Zip
Director Name NONE			Director Name NONE		
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		
			C. ASS/SERIES		
			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 JOHN STOLGITIS					Date 2/25/20
Signature of Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE