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RI SOS Filing Number: 202037249960 of Rhode Island and Providence Plantations

partment of State - Business Services Division

Date: 4/6/2020 2:09:0@REMEIVED R.I. DEPT. OF STATE BUS SVCS DIV

Annual	Report	for	the	year:
Corpora	ation			

2020

2020 APR -6 P 2: 07

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.0	→ Penalty: Additional \$25.00 fee if form is not filed by April 1.								
1. Entity ID Number	2. Exact nam	ne of the Corporation	 -	·····					
0000 55373									
3. Principal Office Address					State	Zip			
12 Moutucke	+ Rd		South	Kingstonn	RI	02879			
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island									
336611			_						
5. State of Incorporation Connereral Fishing									
RI				8					
7. List ALL officers (names and	addresses)			Check t	he box to ind	icate an attachment			
President Name	1 11		Vice-Presiden		1				
Wayne Fred	<u>।सार</u>		Stroot Address	Conteen tresette					
12 Mautuck	12 Manticket Rd			Street Address 12 Martic Lot Rd					
South Kingston	State	Zip 2879	City So J	the Kineda	State	zip 02879			
Secretary Name		Treasurer Name							
Street Address	Carleen Fredette			Wayne tredette					
12 Martue	exet Rd Sireal Address Marticket Rd								
City South Kingston	N State RI	Zip 02879	South	Kinestown	State	2ip 02879			
8. List ALL directors (names an				Check t	he box to ind	icate an attachment 🔲			
Director Name	Director Name Director Name								
Street Address		Street Address							
City	State	Zip	City		State	Zip			
Director Name		<u> </u>							
Director Name			Director Name	9					
Street Address			Street Addres	5		· · · · · · · · · · · · · · · · · · ·			
City	State	Zip	City		State	Zip			
	<u>l</u>								
9. Shares Authorized 10 This information is currently of r	ecord in the	10. Shares Issue		Check 1 CLASS/SERIES		icate an attachment PAR VALUE			
Department of State.	acola III 018			COSSISERIES		A :			
Changes require an additional fil	lina.	100)			71			
11. This report must be execute	ed on behalf of the	corporation by an aut	horized repre	sentative. If the corpor	ation is in the	hands of a receiver or			
trustee, this report must be exe	<u>cuted on</u> behalf o	f the corporation by the	e receiver or t	rustee.					
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									
Waxe Frolette 2 April 2020									
Organica di Authorizad Mahrasaniana									
Wyne X	FILED								
MAIL TO:									

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.rl.gov APR **06** 2020

BY ON ZWHJZ

2.09 FORM 630 - Revised: 02/2017