



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

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2020 APR -6 P 2:07

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 <u>000055373</u>		2. Exact name of the Corporation <u>Fredette Fisheries Inc</u>			
3. Principal Office Address <u>12 Mautucket Rd</u>			City <u>South Kingstown</u>	State <u>RI</u>	Zip <u>02879</u>
4. NAICS Code <u>336611</u>		6. Brief description of the character of business conducted in Rhode Island <u>Commercial Fishing</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Wayne Fredette</u>			Vice-President Name <u>Carleen Fredette</u>		
Street Address <u>12 Mautucket Rd</u>			Street Address <u>12 Mautucket Rd</u>		
City <u>South Kingstown</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>South Kingstown</u>	State <u>RI</u>	Zip <u>02879</u>
Secretary Name <u>Carleen Fredette</u>			Treasurer Name <u>Wayne Fredette</u>		
Street Address <u>12 Mautucket Rd</u>			Street Address <u>12 Mautucket Rd</u>		
City <u>South Kingstown</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>South Kingstown</u>	State <u>RI</u>	Zip <u>02879</u>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			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 <u>1000</u>		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<u>100</u>		<u>A1</u>	
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 <u>Wayne Fredette</u>				Date <u>2 April 2020</u>	
Signature of Authorized Representative <u>Wayne Fredette</u>					

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

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BY Ch ZWH22  
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FORM 630 - Revised: 02/2017