State of Rhode Island and Providence Plantations Department of State - Business Services Division					RECEIVED R.I. DEPT. OF STATE		
Annual Report for the yea		^.		•	BUS	SVCS DIV	
Corporation		/		• 1	2020 APR	-6 P 2:07.	
→ Filing period: January 1 - Ma → Filing Fee: \$50.00	arch 1					V	
→ Penalty: Additional \$25.00 fe	e if form is not file	d by April 1.					
1. Entity ID Number	2. Exact name of	· · · · · · · · · · · · · · · · · · ·					
000055373	Fredet	to Fish	eries	Inc			
3. Principal Office Address	,		City		State	Zip	
12 Moutucket	Rd		South 1	Kingstonn	RI	02874	
4. NAICS Code	6. Brief description	n of the character	of business cor	nducted in Rhode Isla	nd		
	0	\ [2-ai.				
5. State of Incorporation	Come	reial F	7131112	•			
7. List ALL officers (names and add	nesses)			Chack the	hov to in	dicate an attachment	
President Name	Check the box to indicate an attachment Vice-President Name						
Wayne Fredritte			Street Address				
12 Mutucket	- Rd		12 1	Mutucket	Rd		
South Kingston	State KI	02879	CHY So H	h Kincotour	State	^{zp} 02879	
Secretary Name Treasurer Name Treasurer Name Way Fredette							
Street Address 12 Marticket Rd			Street Address Marticket Rd				
City		Zip 02879	Solth	$\mathbf{r} = \mathbf{L}$	State	Zip	
8. List ALL directors (names and ad	dresses)	023/	2007~	Check th		02877 dicate an attachment □	
Director Name Director Name							
Street Address	 		Street Address				
City	State	Zip	City		State	Z ip	
Director Name			Director Name				
Street Address				Street Address			
City	State	Žip	City	· · · · · · · · · · · · · · · · · · ·	State	Zip	
9. Shares Authorized 1000		10. Shares Issued		Check th	e box to ir	ndicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.						PAR VALUE	
		100				7 (
11. This report must be executed o	n behalf of the con	l Ins as vd noitstoo	nortzed renness	entative. If the comors	ition is in t	he hands of a receiver or	
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 perfury, 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 Frele	#e		·		12	tps:1 2020	
Signature of Authorized Represent		÷	•	,			
Wyne In				FII FD C			
MAIL TO: Division of Business Services APR 0 6 2020							

BY CW7 WH 27 FORM 630 - Revised: 02/2017

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.rl.gov