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

FILED
FEB 05 2021
BY 30243

Annual Report for the year: 2021
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	2. Exact name of the Corporation
56457	**NEPTUNE TRADING GROUP, LTD.**

3. Principal Office Address	City	State	Zip
130 Bellevue Avenue, Units 201-202	**Newport**	**RI**	**02840**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
1 336611	**EXPORTING, IMPORTING, BUYING, SELLING FISH AND SHELLFISH PRODUCTS/BYPRODUCTS**
5. State of Incorporation: **Rhode Island**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Brady Schofield**	Vice-President Name:
Street Address: **130 Bellevue Avenue, Units 201-202**	Street Address:
City: **Newport** State: **RI** Zip: **02840**	City: State: Zip:
Secretary Name: **Brady Schofield**	Treasurer Name: **Brady Schofield**
Street Address: **130 Bellevue Avenue, Units 201-202**	Street Address: **130 Bellevue Avenue, Units 201-202**
City: **Newport** State: **RI** Zip: **02840**	City: **Newport** State: **RI** Zip: **02840**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	2000	**Common**	**No Par**

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	Date
Brady Schofield	02.02.2021

Signature of Authorized Representative: SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2016