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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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

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· BY	922	•

Entity ID Number	2 Exact name	2 Exact name of the Corporation						
000112409	THE FISH	THE FISH BOWL AQUARIUM AND PETS MART, CO.						
3. Principal Office Address			City		State	Zip		
725 Providence Street			West Wan	wick RI	RI	02893		
4. NAICS Code	<ol><li>Brief descri</li></ol>	6. Brief description of the character of business conducted in Rhode Island						
311119	To operate a	To operate and conduct an aquarium and pet store.						
5 State of Incorporation								
Rhode Island								
7. List ALL officers (names and	addresses)				ck the box to in	dicate an attachment 🔲		
President Name Michael A. Marabello, Sr.			Vice-President Name Michael A. Marabello, Jr.					
Street Address 25 Spring Street			Street Address 159 Lakeside Avenue					
<sup>City</sup> Swansea	State MA	<sup>Zip</sup> 02777	City Cranston		State RI	RI Zip 02910		
Secretary Name Michael A. Marabello, Jr.			Treasurer Name Lynn Marabello					
Street Address 159 Lakeside Avenue			Street Address 159 Lakeside Avenue					
City Cranston	State RI	Z <sub>IP</sub> 02910	City Cranston		State RI	State RI Zip 02910		
8. List ALL directors (names an	d addresses)	<u> </u>		Che	eck the box to in	dicate an attachment 🔲		
Director Name Michael A. Marabello, Sr.			Director Name Michael A. Marabello, Jr.					
Street Address 25 Spring Street			Street Address 159 Lakeside Avenue					
City Swansea	State MA	Zip <b>02777</b>	City Cranston		State RI Zip 02910			
Director Name  Lynn Marabello			Director Name					
Street Address 159 Lakeside Avenue			Street Address					
City Cranston	State RI	Zip 02910	City		State	Zıp		
9. Shares Authorized	· · · · · · · · · · · · · · · · · · ·	10. Shares Iss	ued	Che	eck the box to in	dicate 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		
		3,000.00		STK		\$0.0000		
	••••							
11. This report must be execute	ed on behalf of the	corporation by an a	authorized repre	esentative. If the co	prporation is in t	ne hands of a receiver or		
trustee, this report must be exe	cuted on behalf of	the corporation by	the receiver or	trustee				
Under penalty of perjury, I de				including any acc	companying so	hedules and		
statements, and that all state		herein are true an	d correct.					
Name of Authorized Represent Michael A. Marabetto, Jr.		Date , \		19/21				
Signature of Authorized Repres	sontante				'	1		

Phone: (401) 222-3040 Website: www.sos.ri.gov