



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.

**FILED
STAMP**

FEB 24 2021

BY

1. Entity ID Number 000100694		2. Exact name of the Corporation SEAPRIDE TRAWLERS, INC.			
3. Principal Office Address 26 SHANNON ROAD			City WAKEFIELD	State RI	Zip 02879
4. NAICS Code 114111	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE FISHING BUSINESS, TO OWN FISHING VESSELS				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL A. DOYLE			Vice-President Name NONE		
Street Address 26 SHANNON ROAD			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Secretary Name MICHAEL A. DOYLE			Treasurer Name MICHAEL A. DOYLE		
Street Address 26 SHANNON ROAD			Street Address 26 SHANNON ROAD		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		CWP
					PAR VALUE
					1.00
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 MICHAEL A. DOYLE					Date 02/17/2021
Signature of Authorized Representative <i>Michael A. Doyle</i> SIGNATURE HERE					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov