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

FILED
FEB 24 2021
STAMP
BY

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
121059	**Barlow Fisheries, Inc.**

3. Principal Office Address	City	State	Zip
64 Riverside Drive	**Wakefield**	**RI**	**02879**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
114111	**To engage in any and all facets of the commercial fishing industry**
5. State of Incorporation	
Rhode Island	

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

President Name	Street Address	City	State	Zip
Einar H. Barlow	**64 Riverside Drive**	**Wakefield**	**RI**	**02879**

Vice-President Name	Street Address	City	State	Zip
Einar H. Barlow	**64 Riverside Drive**	**Wakefield**	**RI**	**02879**

Secretary Name	Street Address	City	State	Zip
Einar H. Barlow	**64 Riverside Drive**	**Wakefield**	**RI**	**02879**

Treasurer Name	Street Address	City	State	Zip
Einar H. Barlow	**64 Riverside Drive**	**Wakefield**	**RI**	**02879**

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

Director Name	Street Address	City	State	Zip
Einar H. Barlow	**64 Riverside Drive**	**Wakefield**	**RI**	**02879**
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**Common**	**No par value**

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
Einar H. Barlow	

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