



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 3 2021

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.

BY 3996

1. Entity ID Number <u>62083</u>		2. Exact name of the Corporation <u>Snug Harbor Fisheries Inc.</u>			
3. Principal Office Address <u>410 Gooseberry Rd</u>			City <u>Wakeheld</u>	State <u>RI</u>	Zip <u>02879</u>
4. NAICS Code <u>336611</u>		6. Brief description of the character of business conducted in Rhode Island <u>rod + reel commercial fishing</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Albert L Conh</u>			Vice-President Name <u>Patricia K Conh</u>		
Street Address <u>410 Gooseberry Rd</u>			Street Address <u>410 Gooseberry Rd</u>		
City <u>Wakeheld</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Wakeheld</u>	State <u>RI</u>	Zip <u>02879</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			<u>200</u>		
			<u>Common</u>		
			<u>none</u>		
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 <u>Elsa Cahill</u>					Date <u>2/26/21</u>
Signature of Authorized Representative <u>Elsa Cahill</u>					

MAIL TO

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov