RI SOS Filing Number: 202193577680 Date: 3/3/2021 4:00:00 PM

State of Rhode Island

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
MAR 03 2021
5511

1. Entity ID Number	2. Exact name of the Corporation
116263	BROOKE C FISHERIES, INC.

3. Principal Office Address	City	State	Zip
1163 WORDENS POND ROAD	CHARLESTOWN	RI	02813

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
SCOTT D CHRISTOPHER	1163 WORDENS POND ROAD	CHARLESTOWN	RI	02813

Vice-President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
SCOTT D CHRISTOPHER	1163 WORDENS POND ROAD	CHARLESTOWN	RI	02813

Treasurer Name	Street Address	City	State	Zip
NONE				

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

Director Name	Street Address	City	State	Zip
NONE				
NONE				

Director Name	Street Address	City	State	Zip
NONE				
NONE				

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
SCOTT D CHRISTOPHER, PRESIDENT	3/1/21

Signature of Authorized Representative

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