



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.

MAR 17 2021

B: *[Handwritten Signature]*

1. Entity ID Number 148207		2. Exact name of the Corporation F/V Deliberate, Inc.			
3. Principal Office Address 49 Country Drive			City Charlestown	State RI	Zip 02813
4. NAICS Code 336611		6. Brief description of the character of business conducted in Rhode Island To purchase, lease and/or rent vessels of all kinds; to operate such vessels in the fishing industry.			
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 Arthur Smith			Vice-President Name Arthur Smith		
Street Address 49 Country Drive			Street Address 49 Country Drive		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Arthur Smith			Treasurer Name Arthur Smith		
Street Address 49 Country Drive			Street Address 49 Country Drive		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arthur Smith			Director Name		
Street Address 49 Country Drive			Street Address		
City Charlestown	State RI	Zip 02813	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	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 Arthur Smith				Date 3/13/ , 2021	
Signature of Authorized Representative <i>Arthur F. Smith</i>			SIGN DOCUMENT HERE		

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