



State of Rhode Island
Department of State - Business Services Division

FILED STAMP

Annual Report for the year: 2021
Corporation

MAR 29 2021

BY VV 448

- 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 943953	2. Exact name of the Corporation NEWPORT SPORT FISHING CHARTERS AND FISH COMPANY		
3. Principal Office Address 14 THIRD STREET		City AYER	State MA
		Zip 01432	
4. NAICS Code 487210	6. Brief description of the character of business conducted in Rhode Island SPORT FISHING CHARTERS, COMMERCIAL FISHING AND ANY COMMERCIAL ACTIVITY ALLOWED UNDER UNITED STATES COAST GUARD REGULATIONS FOR UNINSPECTED PASSENGER VESSELS		
5. State of Incorporation RI			

7. List ALL officers (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>					
President Name DALE G. TAYLOR				Vice-President Name TIMOTHY S. TAYLOR							
Street Address 14 THIRD STREET				Street Address 33 NASHUA STREET							
City AYER	State MA	Zip 01432	City AYER	State MA	Zip 01432						
Secretary Name JENNIFER A. CAMPBELL				Treasurer Name DALE G. TAYLOR							
Street Address 155 PROSPECT STREET				Street Address 14 THIRD STREET							
City ACTON	State MA	Zip 01720	City AYER	State MA	Zip 01432						

8. List ALL directors (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>					
Director Name - NA -				Director Name - NA -							
Street Address				Street Address							
City	State	Zip	City	State	Zip						
Director Name - NA -				Director Name - NA -							
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	CNP		\$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 DALE TAYLOR		Date 3/22/21
Signature of Authorized Representative <i>Dale Taylor</i>		

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