



State of Rhode Island
Department of State - Business Services Division

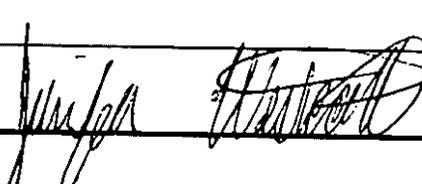
FILED

Annual Report for the year: 2021
Corporation

MAR 30 2021

BY 17457

- 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 000116027		2. Exact name of the Corporation F/V Mattie and Maren, Inc.			
3. Principal Office Address 730 Kingstown Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 336611		6. Brief description of the character of business conducted in Rhode Island 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: <input type="checkbox"/>
President Name Clarke A Reposa SR			Vice-President Name		
Street Address 730 Kingstown Road, Suite B2			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
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: <input type="checkbox"/>
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment: <input type="checkbox"/>			
		NUMBER OF SHARES 1000	CLASS SERIES CNP	PAR VALUE 0.00	
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 Jennifer Westcott				Date 03/25/2021	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov