RI SOS Filing Number: 202198095710 Date: 6/9/2021 3:56:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021 Amended
Corporation

→ Filing period: January 1 - March 1
→ ~~Filing Fee: $50.00~~ No Fee
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

STAMP
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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUN -9 P 3:56

1. Entity ID Number	2. Exact name of the Corporation			
104307	Tom Huxsie Fish Trap Co			
3. Principal Office Address		City	State	Zip
20 River View Rd		Narragansett	RI	02882
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
114112	Catch + Sell Fish, Aquaculture			
5. State of Incorporation				
RI				

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

President Name: Doris P Aschman			Vice-President Name:		
Street Address: 20 River View Rd			Street Address:		
City: Narragansett	State: RI	Zip: 02882	City:	State:	Zip:
Secretary Name:			Treasurer Name: Doris P. Aschman		
Street Address:			Street Address: 20 River View Rd		
City:	State:	Zip:	City: Narragansett	State: RI	Zip: 02882

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

Director Name:			Director Name: Doris P Aschman		
Street Address:			Street Address: 20 River View Rd		
City:	State:	Zip:	City: Narragansett	State: RI	Zip: 02882
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000		0

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
Doris P. Aschman	FILED	6/9/2021
Signature of Authorized Representative	JUN 09 2021	
DP Aschman	BY 3:56	

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

FORM 630 - Revised: 08/2020

State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

June 09, 2021 03:56 PM

Nellie M. Gorbea
Secretary of State