



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: **2022**  
Corporation

MAY 04 2022  
BY *[Signature]*

- Filing period: January 1 - ~~March~~ <sup>May</sup> 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by ~~April~~ <sup>May</sup> 1.

|   |                    |   |   |  |                     |
|---|--------------------|---|---|--|---------------------|
| 1. Entity ID Number<br><b>74088</b>   |                    | 2. Exact name of the Corporation<br><b>REBECCA MARY, INC.</b>   |   |  |                     |
| 3. Principal Office Address<br><b>765 GRAVELLY HILL ROAD</b>  |                    |   | City<br><b>WAKEFIELD</b>  | State<br><b>RI</b>                     | Zip<br><b>02879</b> |
| 4. NAICS Code<br><b>11411</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>COMMERICAL FISHING INDUSTRY</b> |   |  |                     |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>  |                    |   |   |  |                     |
| 7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |  |                     |
| President Name<br><b>SCOTT BABCOCK</b>  |                    |   | Vice-President Name<br><b>LOIS BABCOCK</b>  |  |                     |
| Street Address<br><b>765 GRAVELLY HILL ROAD</b>   |                    |   | Street Address<br><b>765 GRAVELLY HILL ROAD</b>   |  |                     |
| City<br><b>WAKEFIELD</b>  | State<br><b>RI</b> | Zip<br><b>02879</b>   | City<br><b>WAKEFIELD</b>  | State<br><b>RI</b>                     | Zip<br><b>02879</b> |
| Secretary Name<br><b>LOIS BABCOCK</b>   |                    |   | Treasurer Name<br><b>SCOTT BABCOCK</b>  |  |                     |
| Street Address<br><b>765 GRAVELLY HILL ROAD</b>   |                    |   | Street Address<br><b>765 GRAVELLY HILL ROAD</b>   |  |                     |
| City<br><b>WAKEFIELD</b>  | State<br><b>RI</b> | Zip<br><b>02879</b>   | City<br><b>WAKEFIELD</b>  | State<br><b>RI</b>                     | Zip<br><b>02879</b> |
| 8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |  |                     |
| Director Name<br><b>SCOTT BABCOCK</b>   |                    |   | Director Name   |  |                     |
| Street Address<br><b>765 GRAVELLY HILL ROAD</b>   |                    |   | Street Address  |  |                     |
| City<br><b>WAKEFIELD</b>  | State<br><b>RI</b> | Zip<br><b>02879</b>   | City  | State                                  | Zip                 |
| Director Name   |                    |   | Director Name   |  |                     |
| Street Address  |                    |   | Street Address  |  |                     |
| City  | State              | Zip   | City  | State                                  | Zip                 |
| 9. Shares Authorized  |                    |   | 10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span> |  |                     |
| This information is currently of record in the Department of State.<br>Changes require an additional filing.  |                    |   | NUMBER OF SHARES  |  | CLASS/SERIES        |
|   |                    |   | 100   |  | COMMOM              |
|   |                    |   |   |  | PAR VALUE           |
|   |                    |   |   |  | 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. |                    |   |   |  |                     |
| <b>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.</b>                                       |                    |   |   |  |                     |
| Name of Authorized Representative<br><b>SCOTT BABCOCK</b>   |                    |   |   | Date<br><b>04/28/22</b>                |                     |
| Signature of Authorized Representative<br><i>[Signature]</i>  |                    |   |   | SIGN DOCUMENT HERE<br><b>PRESIDENT</b> |                     |

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