



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 001662004		2. Exact name of the Corporation V Northeast Fishery Sector Inc.			
3. State of Incorporation Massachusetts		5. Brief description of the character of business conducted in Rhode Island A non-profit commercial fishing cooperative			
4. NAICS Code 813990 - Other Similar Organiz					
6. Principal Office Address c/o Aggie Barnes 44 Highbank Ave.			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Rodman Sykes			Vice-President Name		
Street Address 1974 Ministerial Road			Street Address		
City South Kingstown	State RI	Zip 02879	City	State	Zip
Secretary Name Daniel Salerno			Treasurer Name Robert Westcott		
Street Address 54 Merrifield Rd.			Street Address 20 Ramhead Rd		
City Limington	State ME	Zip 04049	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Rodman Sykes			Director Name Robert Westcott		
Street Address 1974 Ministerial Road			Street Address 20 Ramhead Rd		
City South Kingstown	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
Director Name Howard Follett			Director Name		
Street Address 343 Winchester Dr.			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<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>					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Daniel Salerno				Date 1/30/2023	
Signature of Officer/Authorized Representative 					

FILED

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

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FORM 631 - Revised: 11/2021