



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee \$50.00

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

MAR 14 2023  
BY 4445  
RS

1. Entity ID Number 000130207		2. Exact name of the Corporation F/V OCEANA, INC.			
3. Principal Office Address 817 TUCKERTOWN 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 RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name DEAN PESANTE			Vice-President Name		
Street Address 817 TUCKERTOWN ROAD			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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			400.00	CNP	0.0000
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 JULIA WESTCOTT					Date 03/07/2023
Signature of Authorized Representative 					

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: 2/2023