RI SOS Filing Number: 202331744710 Date: 3/24/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

FILED STAMP
MAR 24 2023
BY 23876

1. Entity ID Number	2. Exact name of the Corporation			
000018324	Red Devil Fish & Lobster Company, Inc.			
3. Principal Office Address		City	State	Zip
89 Paradise Ave		Middletown	RI	02842
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
114111	Ocean Fishing and Lobstering Business			
5. State of Incorporation				
Rhode Island				

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

President Name: Paul E. Bennett			Vice-President Name: Hedy M. S. Bennett		
Street Address: 89 Paradise Ave			Street Address: 89 Paradise Ave		
City: Middletown	State: RI	Zip: 02842	City: Middletown	State: RI	Zip: 02842
Secretary Name: Hedy M. S. Bennett			Treasurer Name: Paul E. Bennett		
Street Address: 89 Paradise Ave			Street Address: 89 Paradise Ave		
City: Middletown	State: RI	Zip: 02842	City: Middletown	State: RI	Zip: 02842

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

Director Name: None			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 — 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.	800	Common	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.

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
	3.17.2023

Signature of Authorized Representative: Hedy M. S. Bennett

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