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State of Rhode Island

## Department of State - Business Services Division

al Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25.0	00 fee if form is no	ot filed by May 31.				y		
1. Entity ID Number 92814		2. Exact name of the Corporation SALTY DOG SEAFOOD, INC.						
3 Principal Office Address			City State Zip					
33 Brayton Street			East Gree	enwich	RI	02818		
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island						
336611	The owne	The ownership and operation of a fishing vessel						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and	addresses)			Che	ck the box to in	ndicate an attachment 🔲		
President Name Richard L. Fuka, Jr.			Vice-President Name Richard L. Fuka, Jr.					
Street Address 34 Brayton S	Street Address	Street Address 34 Brayton Street						
<sup>City</sup> East Greenwich	State RI	<sup>Zip</sup> 02818	City East Gr	reenwich	State RI	<sup>Zip</sup> 02818		
Secretary Name Richard I., Fuka, Jr.			Treasurer Name Richard L. Fuka, Jr.					
Street Address 34 Brayton Street				Street Address 34 Brayton Street				
City East Greenwich	State RI	<sup>Zip</sup> 02818	City East Gr		State RI	<sup>Z<sub>ip</sub></sup> 02818		
8. List ALL directors (names an	id addresses)				ck the box to in	ndicate an attachment		
Director Name Richard L. Fuka, Jr.			Director Name	Director Name None				
Street Address 34 Brayton Street				Street Address				
<sup>City</sup> East Greenwich	State RI	<sup>Z<sub>ip</sub></sup> 02818	City		State	Zip		
Director Name None			Director Name None					
Street Address			<del></del>	Street Address				
City	State	Zip	City		State	Zıp		
9. Shares Authorized		10. Shares Issu	ued	Che	ck the box to in	ndicate an attachment		
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF	SHARES		C_ASS/SERIFS PAR VALUE			
		100		com	nmon	no par value		
	y.	1						
11. This report must be execute	ed on behalf of the	corporation by an a	uthorized repres	sentative If the co	rporation is in the	he hands of a receiver or		
trustee, this report must be exe Under penalty of perjury, I de	cuted on behalf of	the corporation by t	the receiver or tr	rustee.	-massuing et	-badulan and		
statements, and that all state	ments contained	he <u>rein are true an</u>	d correct.	nciduling any acc	Ompanying so	:nedules and		
Name of Authorized Represent					Date	•		
						MARCH , 2023		
Signature of Authorized Repres								
phole b. F.	be for							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov