



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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CORPORATION

2023 APR -4 P 1:37

1. Entity ID Number <u>000132039</u>		2. Exact name of the Corporation <u>GARDNERS Wharf Seafood inc</u>	
3. Principal Office Address <u>170 MAIN STREET</u>		City <u>North Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
4. NAICS Code <u>424160</u>	6. Brief description of the character of business conducted in Rhode Island <u>Seafood Sales Wholesale and Retail Business</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Peter L Chevalier</u>		Vice-President Name <u>Kevin B. Bates</u>	
Street Address <u>299 ESSEX ROAD</u>		Street Address <u>40 Acres of Pine Road</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02816</u>	
Secretary Name <u>Kevin B. Bates</u>		Treasurer Name <u>Kevin B. Bates</u>	
Street Address <u>40 Acres of Pine Road</u>		Street Address <u>40 Acres of Pine Road</u>	
City <u>Coventry</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02852</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>1000</u>	CLASS/SERIES <u>0</u>
			PAR VALUE <u>0</u>
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 <u>KEVIN B. Bates</u>		Date <u>4-4-23</u>	
Signature of Authorized Representative <u>K. B. Bates</u> 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

APR 04 2023

BY ML ZJZ Q1

FORM 630 - Revised: 11/2021