



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019
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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BUSINESS DIV.

2023 APR -4 P 1:37

1. Entity ID Number 000132039		2. Exact name of the Corporation GARDNERS Wharf Seafood inc	
3. Principal Office Address 170 MAIN STREET		City North Kingstown	State RI
		Zip 02852	
4. NAICS Code 424110	6. Brief description of the character of business conducted in Rhode Island Seafood Sales Wholesale and Retail Business		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Peter L Chevalier		Vice-President Name Kevin B. Bates	
Street Address 899 ESSEX ROAD		Street Address 40 Acres of Pine Road	
City North Kingstown	State RI	City Coventry	State RI
Zip 02852		Zip 02816	
Secretary Name Kevin B. Bates		Treasurer Name Kevin B. Bates	
Street Address 40 Acres of Pine Road		Street Address 40 Acres of Pine Road	
City Coventry	State RI	City Coventry	State RI
Zip 02852		Zip 02852	
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES 1000	CLASS/SERIES
Changes require an additional filing.			PAR VALUE 0
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 KEVIN B. Bates			Date 4-4-23
Signature of Authorized Representative K. B. Bates			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 630 - Revised: 11/2021