



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

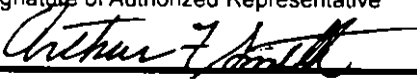
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 26 2023

BY

2283

1. Entity ID Number 148207		2. Exact name of the Corporation F/V Deliberate, Inc.			
3. Principal Office Address 49 Country Drive			City Charlestown	State RI	Zip 02813
4. NAICS Code 336611		6. Brief description of the character of business conducted in Rhode Island To purchase, lease and/or rent vessels of all kinds; to operate such vessels in the fishing industry			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Arthur Smith			Vice-President Name Arthur Smith		
Street Address 49 Country Drive			Street Address 49 Country Drive		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Arthur Smith			Treasurer Name Arthur Smith		
Street Address 49 Country Drive			Street Address 49 Country Drive		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arthur Smith			Director Name None		
Street Address 49 Country Drive			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	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.			Date 5/23/23 , 2023		
Name of Authorized Representative Arthur Smith					
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: 11/2021