



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2023
Corporation

JUL 21 2023
1246

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000080331		2. Exact name of the Corporation BOLSTER FISHING INDUSTRIES, INC.	
3. Principal Office Address 66 INEZ ST.		City NARRAGANSETT	State RI
		Zip 02882	
4. NAICS Code 336611 336611	6. Brief description of the character of business conducted in Rhode Island This business was set up in anticipation of buying a fishing boat that never happened		
5. State of Incorporation R.I	INACTIVE COMMERCIAL FISHING		
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MARK WILLIAM BOLSTER SR.		Vice-President Name NA	
Street Address 66 INEZ ST.		Street Address NA	
City NARRAGANSETT	State RI	City NA	State NA
Secretary Name NA		Treasurer Name NA	
Street Address NA		Street Address NA	
City NA	State NA	City NA	State NA
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name MARK WILLIAM BOLSTER SR.		Director Name NA	
Street Address 66 INEZ ST.		Street Address NA	
City NARRAGANSETT	State R.I.	City NA	State NA
Director Name NA		Director Name NA	
Street Address NA		Street Address NA	
City NA	State NA	City NA	State NA
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 100	CLASS/SERIES NONE
			PAR VALUE NONE
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 Mark W. Bolster Sr.			Date 7/17/23
Signature of Authorized Representative <i>Mark W. Bolster Sr.</i>			

MAIL TO:
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