RI SOS Filir	ng Number: 20	2444996590	Date: 1/2	6/2024 4:00:00 F	PM _	
State of Rhode Island						•
Department of State - Business Services Denoted the State - Business Services Denoted the State - 2024			Division		FILED	2 mili
Corporation			JAN 26 2024			
→ Filing period: February 1 - May 1						
 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 				BY_		100
Entity ID Number						
100621	2. Exact name of the Corporation Cockeast Fisheries, Inc.					
3. Principal Office Address	Cockcast	1 131101103, 1	City		State	Zip
50 Mullin Hill Road			I -	ttle Compton		02837
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island					
336611	Commercial fishing operations, the marketing of seafood					
5. State of Incorporation RI						
7. List ALL officers (names and a	ddresses)				he box to ii	ndicate an attachment 🔲
President Name Charles R. Borden			Vice-President Name David V. D. Borden			
Street Address 50 Mullin Hill Road			Street Address 38D Mullin Hill Road			
City Little Compton	State RI	Zip 02837	City Little Compton		State R1	^{Zip} 02837
Secretary Name Edith S. Borden			Treasurer Name Charles R. Borden			
Street Address 38D Mullin Hill Road			Street Address 50 Mullin Hill Road			
City Little Compton	State RI	^{Zip} 02837	City Little Compton		State RI	
8. List ALL directors (names and Director Name	•		Director Name	Check t	he box to i	ndicate an attachment
Charles R. Borden			Director Name David V. D. Borden			
Street Address 50 Mullin Hill Road			Street Address 38D Mullin Hill Road			
City Little Compton	State RI	^{Zip} 02837	City Little Compton		State RI	^{Zip} 02837
Director Name Edith S. Borden			Director Name None			
Street Address 38D Mullin Hill Road			Street Address			
City Little Compton	State RI	^{Zip} 02837	City		State	Zip
Shares Authorized This information is currently of rec	and in the	10. Shares Issi		Check to CLASS/SERIES	he box to i	ndicate an attachment PAR VALUE
Department of State.	100		SHARES	Common	No Par Value	
Changes require an additional filing.		100		Common		NO Fai Value
11. This report must be executed trustee, this report must be executed					ation is in t	the hands of a receiver or
Under penalty of perjury, I dec statements, and that all statem	lare and affirm tha ents contained he	t I have examine	ed this report, i	ncluding any accom	panying s	chedules and
Name of Authorized Representative					Date	Worln. 1
Charles R. Borden Signature of Authorized Represe		<u>-</u>		71744		
X						

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov