State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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
JAN 26 2024
BY 2400 DS

1. Entity ID Number	2. Exact name of the Corporation
100621	Cockeast Fisheries, Inc.

3. Principal Office Address	City	State	Zip
50 Mullin Hill Road	Little Compton	RI	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 addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Charles R. Borden			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
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	Zip: 02837

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Charles R. Borden			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:

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 ☐

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.

Name of Authorized Representative	Date
Charles R. Borden	1/15/24

Signature of Authorized Representative
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