



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**
Corporation

FEB 01 2024

0713 R

- 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 000162432		2. Exact name of the Corporation Patrick Seafood, Inc	
3. Principal Office Address 18 Gaspee Point Drive		City Warwick	State RI
		Zip 02888	
4. NAICS Code 445220	6. Brief description of the character of business conducted in Rhode Island To own and operate a clam shack		
5. State of Incorporation Rhode Island	Title: 7-1.2-1701		
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name H. Thomas Patrick		Vice-President Name H. Thomas Patrick	
Street Address 18 Gaspee Point Drive		Street Address 18 Gaspee Point Drive	
City Warwick	State RI	Zip 02888	City Warwick
			State RI
			Zip 02888
Secretary Name H. Thomas Patrick		Treasurer Name H. Thomas Patrick	
Street Address 18 Gaspee Point Drive		Street Address 18 Gaspee Point Drive	
City Warwick	State RI	Zip 02888	City Warwick
			State RI
			Zip 02888
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	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		500	Common
			No Par
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 H. Thomas Patrick			Date 01/04/2024
Signature of Authorized Representative 			1/04/24

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