



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 FEB 2 AM 10:50:14

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.

1. Entity ID Number 3555		2. Exact name of the Corporation CAPTAIN'S CATCH INC			
3. Principal Office Address 1702 Mineral Spring Ave		City No Prov	State RI	Zip 02904	
4. NAICS Code 445220		6. Brief description of the character of business conducted in Rhode Island RETAIL SEAFOOD			
5. State of Incorporation R.I					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARK S. CASTELLI		Vice-President Name			
Street Address 1702 Mineral Spring Ave		Street Address			
City No Prov	State RI	Zip 02904	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONIE		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		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
		6000		Comm	10-0
				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 MARK S. CASTELLI PRES				Date 2/2/24	
Signature of Authorized Representative <i>Mark S. Castelli Pres</i>					

FILED 1050

FEB 02 2024

BY **ML GFGDH**

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