



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 FEB 5 PM 1:48:53
STAMP

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 001728033		2. Exact name of the Corporation Seaspray Container Company			
3. Principal Office Address 86-88 Middle Street			City Fairhaven	State MA	Zip 02719
4. NAICS Code 531130		6. Brief description of the character of business conducted in Rhode Island Provide storage services			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Erin C. Carr			Vice-President Name Patrick J. Carr, Sr.		
Street Address 86-88 Middle Street			Street Address 86-88 Middle Street		
City Fairhaven	State MA	Zip 02719	City Fairhaven	State MA	Zip 02719
Secretary Name Patrick J. Carr, Sr.			Treasurer Name Erin C. Carr		
Street Address 86-88 Middle Street			Street Address 86-88 Middle Street		
City Fairhaven	State MA	Zip 02719	City Fairhaven	State MA	Zip 02719
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Erin C. Carr			Director Name		
Street Address 86-88 Middle Street			Street Address		
City Fairhaven	State MA	Zip 02719	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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100 Common Shares 0.01 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 Erin C. Carr					Date 1/22/24
Signature of Authorized Representative <i>Erin C. Carr</i>					FILED

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

FEB 05 2024
BY *ML* 1193