



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Corporation2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 FEB 20 PM 11:34:40

1. Entity ID Number <u>00132039</u>		2. Exact name of the Corporation <u>GARDNER Wharf Seafood inc</u>	
3. Principal Office Address <u>170 MAIN STREET</u>		City <u>North Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
4. NAICS Code <u>424460</u>	6. Brief description of the character of business conducted in Rhode Island <u>Seafood Sales</u>		
5. State of Incorporation <u>R.I</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Peter L. Chevalier</u>		Vice-President Name <u>Kevin B. Bates</u>	
Street Address <u>299 Essex Street</u>		Street Address <u>40 Acres of Pine Road</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>Cowdrey</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02816</u>	
Secretary Name <u>Kevin B. Bates</u>		Treasurer Name <u>Peter L. Chevalier</u>	
Street Address <u>40 Acres of Pine Rd</u>		Street Address <u>299 Essex Street</u>	
City <u>Cowdrey</u>	State <u>RI</u>	City <u>North Kingstown</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02852</u>	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		<u>1000</u>	<u>0</u>
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 <u>K. B. Bates</u>		Date <u>2/20/24</u>	
Signature of Authorized Representative		FILED	