



State of Rhode Island
Department of State - Business Services Division

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

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 <u>00132039</u>		2. Exact name of the Corporation <u>GARDNER'S 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>	Zip <u>02852</u>	City <u>Coventry</u>	State <u>RI</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>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>North Kingstown</u>	State <u>RI</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	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 <u>1000</u>	CLASS/SERIES	PAR VALUE <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>[Signature]</u>				Date <u>2/20/24</u>	
Signature of Authorized Representative				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 20 2024
BY ML 24308