RI SOS Filing Number: 202448310950 Date: 3/8/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

MAR 0 8 2024

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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	2. Exact name of the Corporation			
000116263	BROOKE C FISHERIES, INC.			
3. Principal Office Address		City	State	Zip
1163 WORDENS POND ROAD		CHARLESTOWN	RI	02813
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
114111	TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name SCOTT D. CHRISTOPHER			Vice-President Name		
Street Address 1163 WORDENS POND ROAD			Street Address		
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Secretary Name SCOTT D. CHRISTOPHER			Treasurer Name SCOTT D. CHRISTOPHER		
Street Address 1163 WORDENS POND ROAD			Street Address 1163 WORDENS POND ROAD		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO 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	Date
SCOTT D. CHRISTOPHER	3/1/2024

Signature of Authorized Representative

/s/ Scott D. Christopher

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

FORM 630 - Revised: 11/2021