RI SOS Filing Number: 202450336810 Date: 4/5/2024 4:00:00 PM

(DD)

State of Rhode Island

Department of State - Business Services Division

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.

FILED.
APR X 5 2024
BY 115699

1. Entity ID Number 36691	2. Exact name of the Corporation Campanale & Sons, Inc.						
3. Principal Office Address 6 Jennifer Court			City Narragar	nsett	State RI	Žip 02882	
4. NAICS Code 336611	Brief description of the character of business conducted in Rhode Island Commercial fishing						
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses) President Name Roy Campanale Sr.			Check the box to indicate an attachment Vice-President Name Christopher Campanale				
Street Address 6 Jennifer Court			Street Address 41 Pinecrest Drive				
^{City} Narragansett	State RI	^{Zip} 02882		City North Kingstown		^{Zip} 02852	
Secretary Name Roy Campanale Jr.			Treasurer Name Roy Campanale Sr.				
Street Address 80 South Bay Drive			Street Address 6 Jennifer Court				
^{City} Narragansett	State RI	Zip 02882	City Narragansett		State RI	^{Zip} 02882	
8. List ALL directors (names and ac	ddresses)			Check	the box to i	ndicate an attachment	
Director Name Roy Campanale Sr.			Director Name Roy Campanale Jr.				
Street Address 6 Jennifer Court			Street Address 80 South Bay Drive				
^{City} Narragansett	State RI	^{Zip} 02882	City Narragansett		State RI	^{Zip} 02882	
Director Name Christopher Car			Director Name None				
Street Address 41 Pinecrest Drive			Street Address				
^{City} North Kingstown	State RI	^{Zip} 02852	City		State	Zıp	
9. Shares Authorized 10. Shares Iss		10. Shares Issu	ued Check the box to indicate an attachment				
This information is currently of recor	d in the	NUMBER OF SHARES		CLASS/SERIE	CLASS/SERIES PAR VALUE		
Department of State. Changes require an additional filing.		1000		Common		No Par Value	
11. This report must be executed or	n behalf of the c	orporation by an ac	uthorized repres	sentative. If the corpo	oration is in t	the hands of a receiver or	
trustee, this report must be execute	on benait of the	ne corporation by the	ne receiver or tr	rustee.		i hardulaa amel	
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							
Roy Campanale Sr.						4/3,2024	
Signature of Authorized Representation	arive analo						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov