



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED
APR 15 2024
BY 15699

- 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 36691 | | 2. Exact name of the Corporation Campanale & Sons, Inc. | | | |
| 3. Principal Office Address 6 Jennifer Court | | City Narragansett | | State RI | Zip 02882 |
| 4. NAICS Code 336611 | | 6. 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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Roy Campanale Sr. | | | Vice-President Name Christopher Campanale | | |
| Street Address 6 Jennifer Court | | | Street Address 41 Pinecrest Drive | | |
| City Narragansett | | State RI | Zip 02882 | City North Kingstown | |
| | | | | State RI | 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 addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 Campanale | | | Director Name None | | |
| Street Address 41 Pinecrest Drive | | | Street Address | | |
| City North Kingstown | | State RI | Zip 02852 | City | |
| | | | | State | |
| 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 | | CLASS/SERIES | |
| | | 1000 | | 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 Roy Campanale Sr. | | | | Date 4/3, 2024 | |
| Signature of Authorized Representative <i>Roy Campanale</i> | | | | | |

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