



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.

APR 09 2024

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1. Entity ID Number 000002552		2. Exact name of the Corporation GAIL FRANCES, INC.			
3. Principal Office Address P.O. BOX #3724			City Peacedale	State RI	Zip 02883
4. NAICS Code 336611		6. Brief description of the character of business conducted in Rhode Island To operate a party fishing boat			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Francis W. Blount, Jr.			Vice-President Name Christine Blount		
Street Address P.O. Box #3724			Street Address P.O. Box #3724		
City Peacedale	State RI	Zip 02883	City Peacedale	State RI	Zip 02883
Secretary Name Christine Blount			Treasurer Name Francis W. Blount, Jr.		
Street Address P.O. Box #3724			Street Address P.O. Box #3724		
City Peacedale	State RI	Zip 02883	City Peacedale	State RI	Zip 02883
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Christine Blount			Director Name Francis W. Blount, Jr.		
Street Address P.O. Box #3724			Street Address P.O. Box #3724		
City Peacedale	State RI	Zip 02883	City Peacedale	State RI	Zip 02883
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100.00	CLASS/SERIES CNP	PAR VALUE \$0.00
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 Christine Blount					Date 4/2/24
Signature of Authorized Representative Christine Blount					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov