State of Rhode Island
Department of State - Business Services Division

APR 0 9 2024

1099 Q

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			
000125780	FRANCES FLEET, INC.			

3. Principal Office Address	City	State	Zip
P.O. BOX #3724	Peacedale	RI	02883

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
336611	**To engage in the business of operating a charter boat**

5. State of Incorporation
RI

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

President Name			Vice-President Name		
Francis W. Blount, Jr.			Christine Blount		
Street Address			Street Address		
P.O. Box #3724			P.O. Box #3724		
City	State	Zip	City	State	Zip
Peacedale	RI	02883	Peacedale	RI	02883
Secretary Name			Treasurer Name		
Christine Blount			Francis W. Blount, Jr.		
Street Address			Street Address		
P.O. Box #3724			P.O. Box #3724		
City	State	Zip	City	State	Zip
Peacedale	RI	02883	Peacedale	RI	02883

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

Director Name			Director Name		
Christine Blount			Francis W. Blount, Jr.		
Street Address			Street Address		
P.O. Box #3724			P.O. Box #3724		
City	State	Zip	City	State	Zip
Peacedale	RI	02883	Peacedale	RI	02883
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 ☐
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100.00	CNP	$0.00
Changes require an additional filing.			

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
Christine Blount	4/2/24
Signature of Authorized Representative	
Christine Blount	