



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<br><b>000071236</b>  |                    | 2. Exact name of the Corporation<br><b>MISS FRANCES, INC.</b>   |   |                            |                            |
| 3. Principal Office Address<br><b>P.O. BOX #3724</b>   |                    | City<br><b>Peacedale</b>  |   | State<br><b>RI</b>         | Zip<br><b>02883</b>        |
| 4. NAICS Code<br><b>336611</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>To own and operate a charter fishing boat</b> |   |                            |                            |
| 5. State of Incorporation<br><b>RI</b>   |                    |   |   |                            |                            |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                            |                            |
| President Name<br><b>Christine Blount</b>  |                    |   | Vice-President Name<br><b>Francis W. Blount, Jr.</b>  |                            |                            |
| Street Address<br><b>P.O. Box #3724</b>  |                    |   | Street Address<br><b>P.O. Box #3724</b>   |                            |                            |
| City<br><b>Peacedale</b>   | State<br><b>RI</b> | Zip<br><b>02883</b>   | City<br><b>Peacedale</b>  | State<br><b>RI</b>         | Zip<br><b>02883</b>        |
| Secretary Name<br><b>Christine Blount</b>  |                    |   | Treasurer Name<br><b>Francis W. Blount, Jr.</b>   |                            |                            |
| Street Address<br><b>P.O. Box #3724</b>  |                    |   | Street Address<br><b>P.O. Box #3724</b>   |                            |                            |
| City<br><b>Peacedale</b>   | State<br><b>RI</b> | Zip<br><b>02883</b>   | City<br><b>Peacedale</b>  | State<br><b>RI</b>         | Zip<br><b>02883</b>        |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                            |                            |
| Director Name<br><b>Christine Blount</b>   |                    |   | Director Name<br><b>Francis W. Blount, Jr.</b>  |                            |                            |
| Street Address<br><b>P.O. Box #3724</b>  |                    |   | Street Address<br><b>P.O. Box #3724</b>   |                            |                            |
| City<br><b>Peacedale</b>   | State<br><b>RI</b> | Zip<br><b>02883</b>   | City<br><b>Peacedale</b>  | State<br><b>RI</b>         | Zip<br><b>02883</b>        |
| Director Name  |                    |   | Director Name   |                            |                            |
| Street Address   |                    |   | Street Address  |                            |                            |
| City   | State              | Zip   | City  | State                      | Zip                        |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                            |                            |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                            |                            |
|  |                    |   | NUMBER OF SHARES<br><b>100.00</b>   | CLASS/SERIES<br><b>CNP</b> | PAR VALUE<br><b>\$0.00</b> |
| 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.<br><b>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.</b> |                    |   |   |                            |                            |
| Name of Authorized Representative<br><b>Christine Blount</b>   |                    |   |   | Date<br><b>4/2/24</b>      |                            |
| Signature of Authorized Representative<br><b>Christine Blount</b>  |                    |   |   |                            |                            |

MAIL TO:  
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