RI SOS Filing Number: 202453825050 Date: 4/23/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 Corporation

FILED,

→ 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 109365	2. Exact name of the Corporation Silver Fox Fisheries, Inc.						
3. Principal Office Address 15 Winterberry Trail			City Saunderst	own	State RI	Zip 02874	
4. NAICS Code	6. Brief descrip	tion of the charact	er of business co	nducted in Rhode	: Island		
336611	To purchase, lease and/or rent vessels of all kinds; to operate such vessels in						
5. State of Incorporation Rhode Island	the fishing industry						
	<u> </u>						
7. List ALL officers (names and addresses) President Name — Vice-I				Check the box to indicate an attachment			
Edward L. McCaπrey, Jr.			Edward L. McCattrey, Jr.				
Street Address 15 Winterberry Road			Street Address 15 Winterberry Road				
^{City} Saunderstown	State RI	^{Zip} 02874	City Saunder	stown	State RI	^{Zip} 02874	
Secretary Name Edward L. McCaffrey, Jr.			Treasurer Name Edward L. McCaffrey, Jr.				
Street Address 15 Winterberry Road			Street Address 15 Winterberry Road				
^{City} Saunderstown	State RI	^{Zip} 02874	City Saunder	stown	State RI	^{Zip} 02874	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name Edward L. McCaffrey, Jr.			Director Name None				
Street Address 15 Winterberry Road			Street Address				
City Saunderstown	State RI	^{Zip} 02874	City		State	Zip	
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	10. Shares Issu						
This information is currently of record in the Department of State.		NUMBER OF		CLASS/SER	CLASS/SERIES PAR VALUE		
Changes require an additional filing.		100		com	mon	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.							
Edward L. McCaffrey, Jr.						, 2024	
Signature of Authorized Representative							

MAIL TO:

Division of Business Services

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

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