



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.

MAY 21 2024  
24055 *D*

1. Entity ID Number: 115545		2. Exact name of the Corporation F & G SALVAGE, INC.			
3. Principal Office Address 530 Nooseneck Hill Road			City Exeter	State RI	Zip 02822
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Land holding and all other lawful purposes.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Gregory F. Jarvis			Vice-President Name Steven Marley		
Street Address 530 Nooseneck Hill Road			Street Address 530 Nooseneck Hill Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Steven Marley			Treasurer Name Gregory F. Jarvis		
Street Address 530 Nooseneck Hill Road			Street Address 530 Nooseneck Hill Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name n/a			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		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. <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 Gregory F. Jarvis., President				Date 5-17-24	
Signature of Authorized Representative <i>Gregory F. Jarvis</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