



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

2024 NOV 26 AM 11:44

→ 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 001727904		2. Exact name of the Corporation KNIGHT ENTERPRISES INC			
3. Principal Office Address 96 SOUTH BAY DRIVE			City NARRAGANSETT	State RI	Zip 02882
4. NAICS Code 336611		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL FISHING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name TREVOR KNIGHT			Vice-President Name		
Street Address 96 SOUTH BAY DRIVE			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name TREVOR KNIGHT			Director Name		
Street Address 96 SOUTH BAY DRIVE			Street Address		
City NARRANSETT	State RI	Zip 02882	City	State	Zip
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	CLASS/SERIES CNP	PAR VALUE 0
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 TRACY TESTEN				Date 11/22/24	
Signature of Authorized Representative 				FILED	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY EH62K  
AA. 11:45 AM.

FORM 630- Revised: 12/2023