



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**
 Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 26 2025

BY *[Signature]*

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) Check the box to indicate an attachment <input type="checkbox"/>			
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	City Exeter	State RI
Zip 02822		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	City Exeter	State RI
Zip 02822		Zip 02822	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name n/a		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
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. <i>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.</i>			
Name of Authorized Representative Gregory F. Jarvis, President		Date 2-14-25	
Signature of Authorized Representative <i>[Signature]</i>			

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov