State of Rhode Island **Department of State - Business Services Division**

FILED

FEB	26	2025
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Annual Report for the year: 20245 Corporation

Filing period: February 1 - May 1
Filing Fee: \$50.00

Penalty: Additional \$25.00 fee if form is not filed by May 31.					100	(- John J		
1. Entity ID Number 115545	Exact name of the Corporation						<u> </u>		
	F & G	SALVAGE, IN	iC.	_					
3. Principal Office Address			City	·					
530 Nooseneck Hill Road			Exete	ar	State		Žip		
4. NAICS Code	6. Brief descrip	tion of the shamet			RI		02822		
531110	l and holdin		er or busine	ess conducted in Rhode	Island		<u> </u>		
5. State of Incorporation		ng and all othe	ar iawtui	purposes.					
Rhode Island	1								
7 List Al Lofficers (names and add	<u></u>								
7. List ALL officers (names and add	resses)		lia- a	Check the b	ox to Indi	cate an atta	chment		
President Name Gregory F. Jarvis			Vice-President Name Steven Marley						
Street Address 530 Nooseneck			Street Address						
			Street Address 530 Nooseneck Hill Road						
^{City} Exeter	State RI	^{Zip} 02822	City Exe	ator	State		Zip		
Socrator Moses	L	1	Treasurer	None		RI	02822		
Steven Marley			110asulta	Gregory F. Ja	arvis				
Street Address 530 Nooseneck Hill Road			Street Address						
City	State Zip		Street Address 530 Nooseneck Hill Road						
Exeter	l Ri	^{Zip} 02822	City	eter	State F		Zip 02822'		
B. List ALL directors (names and ad Director Name	dresses)		•	Check the b	2× 12 indi	<u> </u>	02822		
n/a	23*	*	Director N	Check the b	OX TO IT FOIL	ate an atte	chment 🗀		
Street Address			Street Add	7 					
An .			Street Add	iress			· · · · · · · · · · · · · · · · · · ·		
City	State	Zip	City		State	 -	Zip		
Director Name		<u> </u>	 			{	Zip		
			Director Na	ame					
treet Address			Street Address						
ity	State	T		<u></u>					
	Julie	Ziρ	City		State		Zip		
Shares Authorized		10. Shares issued	d	Check the h					
his information is currently of record epartment of State.	In the	NUMBER OF SH		Check the bo	OX TO INGIC		Chment AR VALUE		
		200		common		no par value			
hanges require an additional filing.						no pai vi			
I. This report must be executed on	hehelf of the cor								
This report must be executed on eiver or trustee, this report must be inder penalty of perfury. I declare	executed on beh	ioration by an autrical of the corporati	norized rep	resentative. If the corpor	ration is in	the hands	of a re-		
nger penalty of perlury, i declare	and affirm that	have average	47.1	t, including any accom	nanvina (cohodulas			
tatements, and that all statements ame of Authorized Representative	s contained here	ein are true and c	orrect.)CIRTUUIGS	ana		
Gregory F. Jarvis., President				-	Date				
gnature of Authorized Representative					Z	14.25	,		
	ve ∠⊶		_			<u> </u>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Webeite: www.sos.n.gov