RI SOS Filing Number: 202566654310 Date: 3/4/2025 4:00:00 PM

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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

-	FLED TOTAL
	MAR 0 4:2025
BY_	MOIY &

1. Entity ID Number	2 Exact name of the Corporation							
36691	_	Campanale & Sons, Inc.						
3. Principal Office Address			City		State	Zip		
6 Jennifer Court			Narraga	nsett	RI	02882		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
336611	Commercial fishing							
5. State of Incorporation		-						
Rhode Island								
7. List ALL officers (names and President Name	addresses)		Vice-Preside	Che ct Name	eck the box to i	ndicate an attachment		
President Name Roy Campanale Sr.			Vice-President Name Christopher Campanale					
Street Address 6 Jennifer Co	Street Address 41 Pinecrest Drive							
^{City} Narragansett	State RI	^{Zip} 02882	City North Kingstown		State RI	^{Zip} 02852		
Secretary Name Roy Campanale Jr.			Treasurer Name Roy Campanale Sr.					
Street Address 80 South Bay Drive			Street Address 6 Jennifer Court					
^{City} Narragansett	State RI	^{Zip} 02882	City Narragansett		State RI	^{Zip} 02882		
8. List ALL directors (names and	d addresses)			Che	eck the box to i	ndicate an attachment		
Director Name Roy Campanale Sr.			Director Name Roy Campanale Jr.					
Street Address 6 Jennifer Court			Street Address 80 South Bay Drive					
^{City} Narragansett	State RI	^{Zip} 02882	City Narragansett		State R	Zip 02882		
Director Name Christopher Campanale			Director Name None					
Street Address 41 Pinecrest Drive			Street Address					
City North Kingstown	State RI	^{Zip} 02852	City		State	Zip		
9. Shares Authorized	10 Shares Issu							
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE Common No Par Value				
						No Par Value		
 This report must be execute trustee, this report must be exe 					prporation is in	the hands of a receiver or		
Under penalty of perjury, I de	clare and affirm	that I have examine	ed this report,		companying s	chedules and		
statements, and that all states Name of Authorized Representa		herein are true an	d correct.	 .	Date			
Roy Campanale Sr.					2	2/27 , 2025		
Signature of Authorized Repres		/				1		
Koy Crings	ranalo L	<u>19. </u>						
MAIL TO:								

Division of Business Services

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

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