RI SOS Filing Number: 202566665640 Date: 3/5/2025 4:00:00 PM



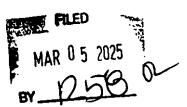
## State of Rhode Island

## 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.								
Entity ID Number	2. Exact name of the Corporation							
146760	Wendy Lee Fisheries, Inc.							
Principal Office Address	, 3.		City		State		<b>Z</b> ip	
22 Wildwood Road			Narrag	ansett	RI		02882	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
336611	To own and operate a commercial fishing boat							
5. State of Incorporation	10 0mil and operate a commercial libility boat							
Rhode Island								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name William H. McCaffrey, Sr.				Vice-President Name None				
Street Address 22 Wildwood Road			Street Address					
City Narragansett	State RI	<sup>Zip</sup> 02882	City				Zip	
Secretary Name Wendy L. McCaffrey			Treasurer Name Wendy L. McCaffrey					
Street Address 22 Wildwood Road			Street Address 22 Wildwood Road					
<sup>City</sup> Narragansett	State RI	<sup>Zip</sup> 02882	City Narragansett		State F	રા	<sup>Zip</sup> 02882	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment								
Director Name None				Director Name None				
Street Address			Street Address					
City	State	Zip	City		State		Zip	
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Zip	City				Zip	
9. Shares Authorized	·	10. Shares Issued Che		Check the bo	eck the box to indicate an attachment			
This information is currently of recor	d in the	<del>-</del>	IVBER OF SHARES CLASS/SF					
Department of State.	100			Common		No Par Value		
Changes require an additional filing.								
11. This report must be executed or	n behalf of the cor	noration by an aut	horized reni	resentative. If the comors	ation is i	n the hand	s of a re-	
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.								
ceiver 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					Date			
Wendy L. McCaffrey					March 3 , 2025			
Signature of Authorized Representative  (1) Eugly Z. Mu Calley								
MAIL TO:								

Division of Business Services

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

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