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BY 11354

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.

1. Entity ID Number	2. Exact name of the Corporation
121059	Barlow Fisheries, Inc.

3. Principal Office Address	City	State	Zip
64 Riverside Drive	Wakefield	RI	02879

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
114111	To engage in any and all facets of the commerical fishing industry
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Einar H. Barlow	Einar H. Barlow
Street Address: 64 Riverside Drive	Street Address: 64 Riverside Drive
City: Wakefield, State: RI, Zip: 02879	City: Wakefield, State: RI, Zip: 02879
Secretary Name: Einar H. Barlow	Treasurer Name: Einar H. Barlow
Street Address: 64 Riverside Drive	Street Address: 64 Riverside Drive
City: Wakefield, State: RI, Zip: 02879	City: Wakefield, State: RI, Zip: 02879

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Einar H. Barlow	
Street Address: 64 Riverside Drive	Street Address:
City: Wakefield, State: RI, Zip: 02879	City: , State: , Zip:
Director Name	Director Name
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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.

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
Einar H. Barlow	03/19/2025

Signature of Authorized Representative: E. H. B.

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

FORM 630- Revised: 12/2023