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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: Einar H. Barlow			Vice-President 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
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: Einar H. Barlow			Director Name		
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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. Barlow

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