



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

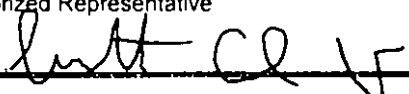
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

STAMP
APR 11 2025BY 6303

1. Entity ID Number 000116263		2. Exact name of the Corporation BROOKE C FISHERIES, INC.			
3. Principal Office Address 1163 WORDENS POND ROAD			City CHARLESTOWN	State RI	Zip 02813
4. NAICS Code 114111		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name SCOTT D. CHRISTOPHER			Vice-President Name		
Street Address 1163 WORDENS POND ROAD			Street Address		
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Secretary Name SCOTT D. CHRISTOPHER			Treasurer Name SCOTT D. CHRISTOPHER		
Street Address 1163 WORDENS POND ROAD			Street Address 1163 WORDENS POND ROAD		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 SCOTT D. CHRISTOPHER					Date 03/19/2025
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov