



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 105472		2. Exact name of the Corporation F/V CAPTAIN ROBERT FISHERIES, INC.			
3. Principal Office Address 3121A Post Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 336611		6. Brief description of the character of business conducted in Rhode Island To purchase, lease and/or rent vessels of all kinds, to operate such vessels in the fishing industry			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael L. Marchetti			Vice-President Name None		
Street Address 3119 Post Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Michael L. Marchetti			Treasurer Name Michael L. Marchetti		
Street Address 3119 Post Road			Street Address 3119 Post Road		
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 <input type="checkbox"/>					
Director Name Michael L. Marchetti			Director Name None		
Street Address 3119 Old Post Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
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 Michael L. Marchetti				Date May 1, 2025	
Signature of Authorized Representative <i>Michael L. Marchetti</i>				FILED	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 08 2025
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