



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.

SOS-017

1. Entity ID Number 109365		2. Exact name of the Corporation Silver Fox Fisheries, Inc.			
3. Principal Office Address 15 Winterberry Trail			City Saunderstown	State RI	Zip 02874
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 ☐					
President Name Edward L. McCaffrey, Jr.			Vice-President Name Edward L. McCaffrey, Jr.		
Street Address 15 Winterberry Road			Street Address 15 Winterberry Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Edward L. McCaffrey, Jr.			Treasurer Name Edward L. McCaffrey, Jr.		
Street Address 15 Winterberry Road			Street Address 15 Winterberry Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Edward L. McCaffrey, Jr.			Director Name None		
Street Address 15 Winterberry Road			Street Address		
City Saunderstown	State RI	Zip 02874	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 ☐		
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 Edward L. McCaffrey, Jr.				Date 5/5 , 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

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MAY 09 2025
BY 1089 HAA