RI SOS Filing Number: 202574342630 Date: 6/9/2025 4:00:00 PM



## State of Rhode Island

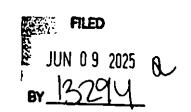
## Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00



→ Penalty: Additional \$25.00 f	ee if form is not	filed by May 31.						
1. Entity ID Number	2. Exact name of the Corporation							
000032835	V & G SEA PRODUCTS, INC.							
3. Principal Office Address		<u></u>	City	City			Zip	
P.O. BOX 2017/ 477 EAST LAKE DRIVE			MONT	AUK	NY	-	11954	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
336611	OWNS AND OPERATES COMMERCIAL FISHING VESSEL							
5. State of Incorporation	1							
RI	]							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name CHARLES WEIMAR				Vice-President Name NONE				
Street Address 477 EAST LAK	Street Address NONE							
<sup>City</sup> MONTAUK	State NY	<sup>Zip</sup> 11954	City NON	State		Zip		
ecretary Name NONE			Treasurer Name NONE					
Street Address NOE			Street Address NONE					
City NONE -	State	Zip	City NONE		State		Zip	
8. List ALL directors (names and a	ddresses)		1		the box to indi	cate an att	achment	
Director Name NONE			Director Name NONE					
Street Address NONE			Street Address NONE					
City NONE	State	Zip	City NOI	NE	State	State 2		
Director Name NONE	Director Name NONE							
Street Address NONE	Street Address NONE							
City NONE	State	Zip	City NONE		State		Zıp	
9. Shares Authorized	10. Shares Issu				k the box to ind	he box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF			S/SERIES	RIES PAR VALUE		
		500		CNP		0		
					····		•	
11. This report must be executed of	on behalf of the c	corporation by an a	uthorized rep	presentative. If the	corporation is	in the han	ds of a re-	
ceiver or trustee, this report must t	be executed on b	ehalf of the corpor	ration by the	receiver or trusted	e,			
Under penalty of perjury, I decia	re and affirm th	iat I have examine	ed this repoi dicorrect	rt, including any	accompanying	g scheaul	es and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date	Date		
CHARLES WEIMAR					05/2	05/29/2025		
Signature of Authorized Represent	tative //	w Wein	1 AI					
MAN 70.	Cruci	e 10011	4-					
MAIL TO:								

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov