



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

JUN 09 2025

BY

13294

1. Entity ID Number 000032835		2. Exact name of the Corporation V & G SEA PRODUCTS, INC.			
3. Principal Office Address P.O. BOX 2017/ 477 EAST LAKE DRIVE		City MONTAUK		State NY	Zip 11954
4. NAICS Code 336611	6. Brief description of the character of business conducted in Rhode Island OWNS AND OPERATES COMMERCIAL FISHING VESSEL				
5. State of Incorporation 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 LAKE DRIVE			Street Address NONE		
City MONTAUK	State NY	Zip 11954	City NONE	State	Zip
Secretary 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 addresses) Check the box to indicate an attachment ☐					
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State	Zip	City NONE	State	Zip
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State	Zip	City NONE	State	Zip
9. Shares Authorized		10. Shares Issued 100		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
		500	CNP	0	
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 CHARLES WEIMAR				Date 05/29/2025	
Signature of Authorized Representative <i>Charles Weimar</i>					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630- Revised: 12/2023