



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

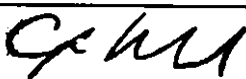
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

TAL..P

1. Entity ID Number 000093797-00115363		2. Exact name of the Corporation DORADO FISHERIES, INC.	
3. Principal Office Address 81 POINT AVENUE		City WAKEFIELD	State RI
		Zip 02879	
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 COMMERICAL FISHING INDUSTRY		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name CHRISTOPHER D. ROEBUCK		Vice-President Name	
Street Address 81 POINT AVENUE		Street Address	
City WAKEFIELD	State RI	Zip 02879	City
Secretary Name CHRISTOPHER D. ROEBUCK		Treasurer Name CHRISTOPHER D. ROEBUCK	
Street Address 81 POINT AVENUE		Street Address 81 POINT AVENUE	
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 ☐			
Director Name CHRISTOPHER D. ROEBUCK		Director Name	
Street Address 81 POINT AVENUE		Street Address	
City WAKEFIELD	State RI	Zip 02879	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
		State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment ☐	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES CNP
		PAR VALUE .0000	
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 CHRISTOPHER D. ROEBUCK			Date 04/02/2025
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-1111

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

APR 11 2025

BY 