State of Rhode Island
Department of State - Business Services Division

TAX P

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	2. Exact name of the Corporation
~~000093797~~ D01153631	DORADO FISHERIES, INC.

3. Principal Office Address	City	State	Zip
81 POINT AVENUE	WAKEFIELD	RI	02879

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
114111	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	Vice-President Name
CHRISTOPHER D. ROEBUCK	
Street Address: 81 POINT AVENUE	Street Address
City: WAKEFIELD, State: RI, Zip: 02879	City, State, Zip
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	Director Name
CHRISTOPHER D. ROEBUCK	
Street Address: 81 POINT AVENUE	Street Address
City: WAKEFIELD, State: RI, Zip: 02879	City, State, Zip
Director Name	Director Name
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	CNP	.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	Date
CHRISTOPHER D. ROEBUCK	04/02/2025
Signature of Authorized Representative: CHRISTOPHER D. ROEBUCK	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
APR 11 2025
BY #24

FORM 630- Revised: 12/2023