



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 17 2023

BY 8347
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Annual Report for the year: 2023
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 000104146		2. Exact name of the Corporation SUTTON ENTERPRISES, INC.			
3. Principal Office Address 38 FENNER AVENUE			City NEWPORT	State RI	Zip 02840
4. NAICS Code 114110		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL FISHING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TODD A. SUTTON			Vice-President Name PRUDENCE VOGUS		
Street Address 38 FENNER AVENUE			Street Address 38 FENNER AVENUE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name TODD A. SUTTON			Treasurer Name TODD A. SUTTON		
Street Address 38 FENNER AVENUE			Street Address 38 FENNER AVENUE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2,000	CNP	0.00
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 TODD A. SUTTON				Date 02/22/2023	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov