



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 95820		2. Name of Corporation ANCO LURES, INC.			
3. Street Address Principal Business Office 30 ALMEIDA AVENUE		City EAST PROVIDENCE	State RI	Zip 02914	
4. Business Phone No. 401 438-5860		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURER OF FISHING LURES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARY LU MEDEIROS		Vice President Name KATHERINE L. GRADY			
Street Address 17 PEACH ORCHARD DRIVE		Street Address 21 CATALPA AVENUE			
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Secretary Name KATHERINE L. GRADY		Treasurer Name MARY LU MEDEIROS			
Street Address 21 CATALPA AVENUE		Street Address 17 PEACH ORCHARD DRIVE			
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN J. ANTERNI		Director Name ELIZABETH J. ANTERNI			
Street Address 40 HOLLAND AVENUE		Street Address 40 HOLLAND AVENUE			
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 COMM NO PAR VALUE			NONE		

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.

File Date	FILED
Check No.	FEB 20 2008
By:	DS-302
FOR SECRETARY OF STATE USE ONLY	

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.

Mary Lu Medeiros 2/13/08
Signature Date
MARY LU MEDEIROS
Print or Type Name
PRESIDENT
Title