



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 2009

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. 121355		2. Name of Corporation LEISURE COAST FISHERIES, INC.			
3. Street Address Principal Business Office 1116 STONY FORT ROAD			City WEST KINGSTON	State RI	Zip 02892
4. Business Phone No. (401) 792-8371		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF A FISHING BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN AINSWORTH			Vice President Name GEORGE AINSWORTH III		
Street Address 252 WOLF ROCK ROAD			Street Address 1116 STONY FORT ROAD		
City EXETER	State RI	Zip 02882	City WEST KINGSTON	State RI	Zip 02892
Secretary Name GEORGE AINSWORTH III			Treasurer Name JOHN AINSWORTH		
Street Address 1116 STONY FORT ROAD			Street Address 252 WOLF ROCK ROAD		
City WEST KINGSTON	State RI	Zip 02892	City EXETER	State RI	Zip 02822
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 8,000		Class/Series COMMON		Par Value NO PAR VALUE	
THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					

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	MAR 02 2009
By	31/2
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.

Signature George Ainsworth III Date 2/26/09

GEORGE AINSWORTH III

Print or Type Name

VICE PRESIDENT

Title