



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 2011

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. 39877		2. Name of Corporation LIGHTNING BAY, INC.			
3. Street Address Principal Business Office 133 Old Tower Hill Road, Ste. 1			City Wakefield	State RI	Zip 02879
4. Business Phone No. 789-0217		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Commercial Fishing Vessel					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Noah G. Clark			Vice President Name Bruce E. Harvey		
Street Address PO Box 608			Street Address PO Box 608		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Peter Barbera			Treasurer Name Peter Barbera		
Street Address PO Box 135			Street Address PO Box 135		
City Wakefield	State RI	Zip 02880	City Wakefield	State RI	Zip 02880
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Noah G. Clark			Director Name Bruce E. Harvey		
Street Address PO Box 608			Street Address PO Box 608		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Peter Barbera			Director Name		
Street Address PO Box 135			Street Address		
City Wakefield	State RI	Zip 02880	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — 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.			Number of Shares 1000	Class/Series Common	Par Value No Par

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 04 2011
By:	7614
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 Peter Barbera Date 1/17/11
Peter Barbera
Print or Type Name
Secretary and Treasurer
Title