

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 02904-2015 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(e) day) is

13 POPLAR SI, Newport and/or P.O. Box 122, Jamestown, RI Newport RI 02840	95958 3 Street Address Principal B			City	State	Zip
Additional Ad	13 Poplar St, Newp		· · · · · · · · · · · · · · · · · · ·	Newport		
WHOLESALE AND/OR RETAIL SALE OF LOBSTERS AND SUCH OTHER SEAFOOD NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)	7					
ALAN EAGLES True Address 13 POPLAR STREET State Ri				THER SEAFOOD		
ALAN EAGLES INVESTIGATION ALAN EAGLES INVESTIGATION INVESTIGAT		ESSES OF THE OFFI	CERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
13 POPLAR STREET If				•		
NEWPORT RI Ó2840 NEWPORT RAME NEW Address NE	Street Address 13 POPLAR STREET				ET	
ALAN EAGLES street Address SEE ABOVE Street Address SEE ABOVE Street Address SEE ABOVE Street Address SEE ABOVE State Street Address SEE ABOVE State Street Address S						Ζιφ 02840
SEE ABOVE ### State			***************************************		•••••••••••••••	
State Zip City State Zip State Zip City State Zip State Zip State Zip State Zip State Street Address WE State Zip City State Zip State Zip State Zip State Zip State Zip State Zip No. SHARES AUTHORIZED SHARES AUTHORIZED SHARES — THIS SECTION MUST BE COMPLETED State. Changes require an additional filing. See Section 9 of instruction sheet.	Street Address SEE ABOVE			•		· · · · · · · · · · · · · · · · · · ·
Director Name Director Name	ių)	State	Zip	City	State	Zip
State Ztp City State Ztp Director Name State Ztp City State Ztp City State Ztp City State Ztp City State Ztp State Ztp 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 100 COMMON No Par Value	NONE	ESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	Director Name	N SPACES BEFORE USING	G ATTACHMENTS
Director Name Director Name	ircet Address			Street Address		
Street Address 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. State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value 100 COMMON No Par Value	ir)	State	Zip	City	State	Zip
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. State Zip	Irrector Name			Director Name		
D. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value 100 COMMON No Par Value	Street Address			Street Address		
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. ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value 100 No Par Value	ity	State	Zip	City	State	Zip
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 Class/Series Par Value	. SHARES AUTHORIZ	ZED	ı			I IMENT) [
State. Changes require an additional filing. See Section 9 of instruction sheet. 100 COMMON No Par Value	This information is cu	rrently of record in th	e Office of the Secretary of	*		Par Value
	State. Changes requir			100	COMMON	No Par Value
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 trustic this report must be executed on behalf of the corporation by the receiver or trustee.					corporation is in the hands	of a receiver or truste
				Under penalty of	periury. I declare and affirm t	hat I have examined this
Under penalty of perjury, I declare and affirm that I have examined thi	FII	FN		including any acc	ompanying schedules and sta	
Under penalty of perjury, I declare and affirm that I have examined thi including any accompanying schedules and statements, and that all statements are true and correct.	File Date			(and	1-tex	4/7/11
including any accompanying schedules and statements, and that all statement are true and correct.	Check No. APR 1	3 2011		Signature		Dule Dule
including any accompanying schedules and statements, and that all statements are true and correct. APR 1 3 2011 including any accompanying schedules and statements, and that all statements are true and correct. Signature Date	- . 3	935				
including any accompanying schedules and statements, and that all statements are true and correct. APR 1 3 2011 Check No. DAVID F. FOX	By:OT					
including any accompanying schedules and statements, and that all statements are true and correct. APR 1 3 2011 including any accompanying schedules and statements, and that all statements are true and correct. Signature Date		Y OF STATE USE ONLY				

RE: Ace Lobster Co., Inc. ID #95958

ATTACHMENT TO SECTION 8. - Names & Addresses of Officers

Assistant Secretary -

David F. Fox, Esq. LAW OFFICES OF DAVID F. FOX Middletown Commons 850 Aquidneck Avenue B-11 Middletown, RI 02842

FILED

APR 1 3 2011 95958