STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation				
66798	ROCKLOBSTER, INC.				
3. Principal office address: 484 EAST MAIN ROAD		City: MIDDLETOWN		State: RI	Zip: 02842
4. Business Phone No.: 401-846-0498		5. State of Incorporation: RHODE ISLAND			

6. Brief description of the character of business conducted in Rhode Island
TO OWN, OPERATE, RUN & MANAGE THE BUSINESS OF PROCURING FRESH FISH, LOBSTERS & OTHER PRODUCTS OF THE SEA

President Name: RICHARD R. BREEN			Vice-President Name: MICHAEL BREEN		
Street Address: 484 EAST MAIN ROAD			Street Address: 484 EAST MAIN ROAD		
City: MIDDLETOWN	State: RI	Zip: 02842	City: MIDDLETOWN	State: RI	Zip: 02842
Secretary Name: RICHARD R. BREEN			Treasurer Name: MICHAEL BREEN		
Street Address: 484 EAST MAIN ROAD			Street Address: 484 EAST MAIN ROAD		
City: MIDDLETOWN	State: RI	Zip: 02842	City: MIDDLETOWN	State: RI	Zip: 02842
Director Name: RICHARD R. BREEN			Director Name: MICHAEL BREEN		
Street Address: 484 EAST MAIN ROAD			Street Address: 484 EAST MAIN ROAD		
City: MIDDLETOWN	State: RI	Zip: 02842	City: MIDDLETOWN	State: RI	Zip: 02842
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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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
	500	COMMON	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.

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.

2/25/12
Signature of Authorized Representative — Date

TURNER C. SCOTT
Print or Type Name of Authorized Representative

FILED 1203
MAR 0 5 2012
BY R 165501

Form No. 630
Revised: 01/2012
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