

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

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

1. Entity ID No. 71848		2. Exact name of the Corporation Sandy Bottom Bait & Tackle, Inc.			
Principal office address Sandy Bottom Road			City Coventry	State RI	Zip 02816
4. Business Phone No. 401-823-1540			5. State of Incorporation Rhode Island		
		s conducted in Rhode Islan II, the repair of rods			
7. LIST ALL OFFICERS	(NAMES AND ADDE	RESSES) ("X" BOX FOR A	TTACHMENT		
President Name David S. Mooney			Vice-President Name David S. Mooney		
Street Address 97 Sandy Bottom Road			Street Address 97 Sandy Bottom Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name David S. Mooney			Treasurer Name David S. Mooney		
Street Address 97 Sandy Bottom Road			Street Address 97 Sandy Bottom Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
	S (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		
Director Name David S. Mooney			Director Name		
Street Address 97 Sandy Bottom Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
irector Name	•		Director Name	·	
treet Address	.		Street Address		
City	State	Zip	City	State	Zip
SHARES AUTHORIZED		10. SHARES ISSUE	D ("X" BOX FOR ATTAC	HMENT)	
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
			100	Common	None
This report must be exec	cuted on behalf of the this report mu	corpora of by in a thorize	d representative. If the the corporation by the i	corporation is in the hand receiver or trustee	ls of a receiver or trustee
File Date		MAR 2 2 2013	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and stateme and that all statements contained herein are true and correct.		
Check No		Mana:	22 6	man	8/8/A
By:			Signature of Authorized Representative Date		
FOR SECRETARY OF STATE USE ONLY			David S. Mooney, President		
rm No. 630		1# 1914	Print or Type Name	of Authorized Represent	ative