

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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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _ 2013

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the limited liability company					
506050	Select Lobster Company UC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
RI	commercial fishing business					
5. Principal office address			City	State	Zip	
90 Riverview Drive			Char lestown	RI	02813	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name			Contact Title			
Melina lodge			Office Man	Office Manager City State Zip Charlestown R1 02813		
Street Address			City	State	Zip	
90 Riverview Drive			Charlestown	RI	02813	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> (*X" BOX FOR ATTACHMENT)						
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
CHRESIOENT-AGENTANGALODEISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						

FILED

SEP 09 2013

By_MMC) Ch+477

File Date
Check No

By:
FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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 of Authorized Person

9-1-13 Date

Print or Type Name of Authorized Person