

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. 87245		2. Exact name of the limited liability company Ocean State Lobster Company, LLC				
3. State of Formation RHODE ISLAND		Brief description of the character of business conducted in Rhode Island Wholesale Seafood				
5. Principal office address 270 Great Island Road, P.O. Box 5367		City Narragansett	State RI	Zip 02882		
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT PE	RSON:		
Contact Name Kevin B. Bates		Contact Title				
Street Address P.O. Box 5367			City Wakefield	State RI	Zip 02880	
7. LIST ALL MANAGERS (("X" BOX FOR ATTACHI		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name Kevin B. Bates			Manager Name None			
Street Address 40 Acres of Pine Roa	ıd		Street Address			
City Coventry	State RI	Zip 02816	City	State	Zip	
Manager Name None			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RI	HODE ISLAND					
This information is current	ly of record in the	Office of the Secret	ary of State. Changes require fi	ing Form 642.		

FILED

NOV 0 7 2013

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements and that all statements—ontained herein are true and correct.		
Check No	So to	10-9-13	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Reuja B. Bates Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012