



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

2014

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 71848		2. Exact name of the Corporation Sandy Bottom Bait & Tackle, Inc.			
3. Principal office address 97 Sandy Bottom Road			City Coventry	State RI	Zip 02816
4. Business Phone No. 401-823-1540		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island The sale of bait and tackle at retail, the repair of rods and reels					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David S. Mooney			Director Name		
Street Address 97 Sandy Bottom Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 18 2014

By 2065

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.

David S. Mooney 2/12/14
 Signature of Authorized Representative Date

David S. Mooney, President

Print or Type Name of Authorized Representative