



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 **2015**

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. <b>70565</b>		2. Exact name of the Corporation <b>Arnold's Neck Shellfishermen's Cooperative Inc</b>			
3. Principal office address <b>130 Lincoln St.</b>			City <b>N. Kingstown</b>	State <b>RI</b>	Zip <b>02852-1220</b>
4. Business Phone No. <b>401-885-7056</b>			5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Maintain dock for commercial fishermen.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>William Shea</b>			Vice-President Name <b>Allen Aldredge</b>		
Street Address <b>140 Sunny Cove Dr.</b>			Street Address <b>123 Bleachery Ct.</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>Todd McGill</b>			Treasurer Name <b>Bruce Eastman</b>		
Street Address <b>1 Pine Hollow Dr.</b>			Street Address <b>130 Lincoln St.</b>		
City <b>W. Warwick</b>	State <b>RI</b>	Zip <b>02893-5437</b>	City <b>N. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Angelo Randall</b>			Director Name		
Street Address <b>12 Stuart Dr.</b>			Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	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
			2000	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.

**FILED**

File Date \_\_\_\_\_

Check No \_\_\_\_\_ **MAR 13 2015**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

*[Handwritten signature]*  
992

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.

Bruce W. Eastman **02/26/2015**  
Signature of Authorized Representative Date

Bruce W. Eastman  
Print or Type Name of Authorized Representative