



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 2016

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. 121355		2. Exact name of the Corporation LEISURE COAST FISHERIES, INC.				
3. Principal office address 1116 STONY FORT ROAD			City WEST KINGSTON	State RI	Zip 02892	
4. Business Phone No. (401) 792-8371			5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island OPERATION OF A FISHING BUSINESS						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name JOHN AINSWORTH			Vice-President Name GEORGE AINSWORTH III			
Street Address 1116 STONY FORT ROAD			Street Address 1116 STONY FORT ROAD			
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892	
Secretary Name GEORGE AINSWORTH III			Treasurer Name JOHN AINSWORTH			
Street Address 1116 STONY FORT ROAD			Street Address 1116 STONY FORT ROAD			
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name NONE			Director Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name NONE			Director Name NONE			
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
				8,000	COMMON	NO PAR VALUE

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 11 2016
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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.

George Ainsworth III 1/28/16
 Signature of Authorized Representative Date

GEORGE AINSWORTH III, VICE PRESIDENT

Print or Type Name of Authorized Representative