



**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.<br><b>95958</b>   |                    | 2. Exact name of the Corporation<br><b>Ace Lobster Co., Inc.</b> |  |                    |                     |
| 3. Principal office address<br><b>13 Poplar St., Newport or P.O. Box 122, Jamestown, RI</b>  |                    |  | City<br><b>Newport</b>                           | State<br><b>RI</b> | Zip<br><b>02840</b> |
| 4. Business Phone No.<br><b>(401) 846-8171</b>   |                    |  | 5. State of Incorporation<br><b>Rhode Island</b> |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Wholesale and/or retail sale of lobsters and such other seafood</b>      |                    |  |  |                    |                     |
| President Name<br><b>Alan Eagles</b>   |                    |  | Vice-President Name<br><b>Lynne Eagles</b>       |                    |                     |
| Street Address<br><b>13 Poplar Street</b>  |                    |  | Street Address<br><b>13 Poplar Street</b>        |                    |                     |
| City<br><b>Newport</b>   | State<br><b>RI</b> | Zip<br><b>02840</b>  | City<br><b>Newport</b>                           | State<br><b>RI</b> | Zip<br><b>02840</b> |
| Secretary Name<br><b>Lynne Eagles</b>  |                    |  | Treasurer Name<br><b>Alan Eagles</b>             |                    |                     |
| Street Address<br><b>See Above</b>   |                    |  | Street Address<br><b>See Above</b>               |                    |                     |
| City   | State              | Zip  | City   | State              | Zip                 |
| Director Name<br><b>None</b>   |                    |  | Director Name                                    |                    |                     |
| Street Address   |                    |  | Street Address                                   |                    |                     |
| City   | State              | Zip  | City   | State              | Zip                 |
| Director Name  |                    |  | Director Name                                    |                    |                     |
| Street Address   |                    |  | Street Address                                   |                    |                     |
| City   | State              | Zip  | City   | State              | Zip                 |
| 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             | 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.

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.

**FILED**

FEB 16 2016

*a*

*Alan C Eagles*  
 Signature of Authorized Representative

*1/29/16*  
 Date

**ALAN C. EAGLES**  
 Print or Type Name of Authorized Representative

4637

ATTACHMENT TO  
SECTION 7. - Names & Addresses of Officers

**Assistant Secretary -** David F. Fox, Esq.  
LAW OFFICES OF DAVID F. FOX  
Middletown Commons  
850 Aquidneck Avenue B-11  
Middletown, RI 02842