



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 95958		2. Exact name of the Corporation Ace Lobster Co., Inc.		
3. Principal Office Address 13 Poplar Street		City Newport	State RI	Zip 02840
4. NAICS Code 11 - Agriculture, Forestry, Fishi		6. Brief description of the character of business conducted in Rhode Island Wholesale and/or retail sale of lobsters and such other seafood		
5. State of Incorporation Rhode Island				
Check the box to indicate an attachment <input type="checkbox"/>				
7. List ALL officers (names and addresses)		President Name Alan Eagles		
Street Address 13 Poplar Street		Vice-President Name Lynne Eagles		
City Newport	State RI	Zip 02840	City Newport	State RI
Secretary Name Lynne Eagles		Treasurer Name Alan Eagles		
Street Address See Above		Street Address See Above		
City	State	Zip	City	State
Check the box to indicate an attachment <input type="checkbox"/>				
8. List ALL directors (names and addresses)				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Check the box to indicate an attachment <input type="checkbox"/>				
9. Shares Authorized		10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par Value
11. 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.				
Name of Authorized Representative				
Signature of Authorized Representative <i>Carol F. [Signature]</i>				
SIGN DOCUMENT HERE				

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

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Form 630 - Revised: 10/2016