



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					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alan Eagles			Vice-President Name Lynne Eagles		
Street Address 13 Poplar Street			Street Address 13 Poplar Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Lynne Eagles			Treasurer Name Alan Eagles		
Street Address See Above			Street Address See Above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			Common		
			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

FILED
2/16/2017
FEB 08 2017
4973
BY [Signature]
Form 630 - Revised: 10/2016