



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

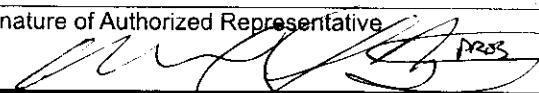
Annual Report for the year: 2017

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 66835		2. Exact name of the Corporation Quaker Lane Bait & Tackle, Ltd.			
3. Principal Office Address 4019 Quaker Lane		City North Kingstown		State RI	Zip 02852
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island For the retail, wholesale and catalog sale of all sporting goods and related items.			
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 Michael S. Bestwick			Vice-President Name Michael S. Bestwick		
Street Address 4019 Quaker Lane			Street Address same		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Michael S. Bestwick			Treasurer Name Michael S. Bestwick		
Street Address same			Street Address same		
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 Michael S. Bestwick			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
		100		Common	No Par
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 Michael S. Bestwick				Date 2/6/17	
Signature of Authorized Representative 					

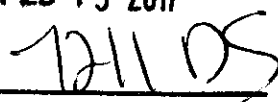
SIGN DOCUMENT

FILED

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

FEB 15 2017

BY



FORM 630 - Revised: 10/2016