



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 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. NAICS Code 11 - Agriculture, Forestry, Fishi	6. Brief description of the character of business conducted in Rhode Island OPERATION OF FISHING BUSINESS		
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 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	City WEST KINGSTON	State RI
Zip 02892		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	City WEST KINGSTON	State RI
Zip 02892		Zip 02892	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		8,000 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 GEORGE AINSWORTH III, VICE PRESIDENT		Date 2/20/17	
Signature of Authorized Representative <i>George Ainsworth III</i>			

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
FEB 23 2017
 BY *6597 DS*

FORM 630 - Revised: 10/2016