

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.							
Entity ID Number	2. Exact name of the Corporation						
146760	Wendy Lee Lobsters, Inc.						
3. Principal Office Address			City		State	Zip	
22 Wildwood Road			Narraganse	ett	RI	02882	
4. NAICS Code	NAICS Code 6. Brief description of the character of business conducted in Rhode Island						
11 - Agriculture, Forestry, Fishi	To own and operate a lobster boat						
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachmen						ndicate an attachment 🔲	
President Name William H. McCaffro	Vice-President Name None						
Street Address 22 Wildwood Road	Street Address						
^{City} Narragansett	State RI	Zip 02882	City	, ,	State	Zip	
Secretary Name Wendy L. McCaffrey			Treasurer Name Wendy L. McCaffrey				
Street Address 22 Wildwood Road			Street Address 22 Wildwood Road				
City Narragansett	State RI	^{Zip} 02882	City Narragansett		State RI	^{Zip} 02882	
8. List ALL directors (names and ad	dresses)				ne box to ir	ndicate an attachment 🔲	
Director Name None	Director Name	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	<u> </u>	10. Shares Issued Ch		Check to	eck the box to indicate an attachment		
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 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					Date		
Wendy L. McCaffrey					March 1, 2017		
Signature of Authorized Representative							
Wendy / Mcd/Cush							
MAD 0.2 2017							

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017