



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STATUS

- 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 1467760		2. Exact name of the Corporation Wendy Lee Lobsters, Inc.			
3. Principal Office Address 22 Wildwood Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 336611		6. Brief description of the character of business conducted in Rhode Island To own and operate a lobster boat.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William H. McCaffrey, Sr.			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 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
			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 William H. McCaffrey, Sr.					Date 2/27 , 2018
Signature of Authorized Representative 			SIGN DOCUMENT HERE 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

MAR 01 2018

BY

FORM 630 - Revised: 10/2017