RI SOS Filing Number: 201861118240 Date: 3/28/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

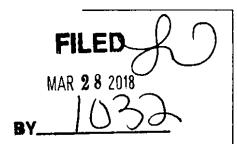
## Department of State - Business Services Division

Annual Report for the year: 2018 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	2. Exact nan	2. Exact name of the Corporation					
70565	Arnold's	Arnold's Neck Shellfishermen's Cooperative Inc					
3. Principal Office Address			City		State	Zip	
130 Lincoln St.			North Kings	stown	RI	02852-1220	
4. NAICS Code	l l	Brief description of the character of business conducted in Rhode Island					
336611	Maintain a	Maintain a 20 slip docking facility for Rhode Island commercial shellfishermen					
5. State of Incorporation RI							
7. List ALL officers (names ar	nd addresses)		····		eck the box to	indicate an attachment 🗖	
President Name William Shea			Vice-President Name Jeffrey Hall				
Street Address 140 Sunny Cove Dr.			Street Address 1685 South County Tr.				
City Warwick	Stale RI	<sup>Zip</sup> 02886-8630	City East Greenwich		State RI	State RI Zip 02818	
Secretary Name Todd McGill			Treasurer Name Bruce Eastman				
Street Address 1 Pine Hollow Rd.			Street Address 130 Lincoln St.				
City West Warwick	State RI	Zip02893-5437	City North Kingstown		State RI	Zip 02852-1220	
8. List ALL directors (names a	and addresses)		-d		eck the box to	indicate an attachment 🔲	
Director Name Angelo Randa	ıll		Director Name				
Street Address 12 Stuart Dr			Street Address				
City Coventry	State RI	<sup>Zip</sup> 02816	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address	<u> </u>			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue	1 Ch		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			
		2000		common		none	
11. This report must be execu	uted on behalf of the	corporation by an au	thorized repres	entative. If the co	progration is in	the hands of a receiver or	
trustee, this report must be ex	xecuted on behatf o	f the corporation by the	e receiver or tr	ustee.			
Under penalty of perjury, I destatements, and that all sta	declare and affirm	that I have examined	this report, in	ncluding any acc	companying s	chedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative				Date			
Bruce Eastman					3/22/18		
Signature of Authorized Representation	_				·		
	Brue	e W. Eastr	nen	_			

MAIL TO:

**Division of Business Services** 

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

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