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

FILED
MAR 28 2018
BY 1032

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 name of the Corporation
70565	Arnold's Neck Shellfishermen's Cooperative Inc

3. Principal Office Address	City	State	Zip
130 Lincoln St.	North Kingstown	RI	02852-1220

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
336611	Maintain a 20 slip docking facility for Rhode Island commercial shellfishermen
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
William Shea	Jeffrey Hall
Street Address: 140 Sunny Cove Dr.	Street Address: 1685 South County Tr.
City: Warwick, State: RI, Zip: 02886-8630	City: East Greenwich, 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, Zip: 02893-5437	City: North Kingstown, State: RI, Zip: 02852-1220

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Angelo Randall	Director Name:
Street Address: 12 Stuart Dr	Street Address:
City: Coventry, State: RI, Zip: 02816	City, State, Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	common	none

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
Bruce Eastman	3/22/18

Signature of Authorized Representative: Bruce W. Eastman

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: 10/2017