



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

FEB 28 2019

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BY 2859

Annual Report for the year: 2019
 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 71848 | | 2. Exact name of the Corporation Sandy Bottom Bait & Tackle, Inc. | | | |
| 3. Principal Office Address 97 Sandy Bottom Road | | | City Coventry | State RI | Zip 02816 |
| 4. NAICS Code 451110 | | 6. Brief description of the character of business conducted in Rhode Island The sale of bait and tackle at retail, the repair of rods and reels. | | | |
| 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 David S. Mooney | | | Vice-President Name David S. Mooney | | |
| Street Address 97 Sandy Bottom Road | | | Street Address 97 Sandy Bottom Road | | |
| City Coventry | State RI | Zip 02816 | City Coventry | State | Zip |
| Secretary Name David S. Mooney | | | Treasurer Name David S. Mooney | | |
| Street Address 97 Sandy Bottom Road | | | Street Address 97 Sandy Bottom Road | | |
| City Coventry | State | Zip | City Coventry | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name David S. Mooney | | | Director Name | | |
| Street Address 97 Sandy Bottom Road | | | Street Address | | |
| City Coventry | 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 | 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 David S. Mooney, President | | | | | Date 2/11/19 |
| Signature of Authorized Representative SIGN DOCUMENT HERE | | | | | |

MAIL TO:
 Division of Business Services
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