



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED

FEB 28 2019

BY

2059

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 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.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
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 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017