



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

FILED

MAR 07 2019

BY 13035

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 96035		2. Exact name of the Corporation T & C Lobster, Inc.			
3. Principal Office Address 296 Great Island Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 445220		6. Brief description of the character of business conducted in Rhode Island The retail and wholesale sale of shellfish and fin fish.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Timothy D. Handrigan			Vice-President Name Corena Handrigan		
Street Address 80 Henry Case Way			Street Address 80 Henry Case Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Timothy D. Handrigan			Treasurer Name Corena Handrigan		
Street Address 80 Henry Case Way			Street Address 80 Henry Case Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Timothy D. Handrigan			Director Name Corena Handrigan		
Street Address 80 Henry Case Way			Street Address 80 Henry Case Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Timothy D. Handrigan				Date 2/28/19 , 2019	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov