



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

MAR 21 2019

BY 20583 DS

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| 1. Entity ID Number 72958 | | 2. Exact name of the Corporation Narragansett Bay Lobsters, Inc. | | | |
| 3. Principal Office Address 268 Great Island Road | | | City Narragansett | State RI | Zip 02882 |
| 4. NAICS Code 112512 | | 6. Brief description of the character of business conducted in Rhode Island The sale at retail and wholesale of shellfish and fin fish | | | |
| 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 Leslie A. Morse | | | Vice-President Name Robert S. Mantia | | |
| Street Address 15 Yarmouth Drive | | | Street Address 262 Beacon Drive | | |
| City Westerly | State RI | Zip 02891 | City North Kingstown | State RI | Zip 02852 |
| Secretary Name Leslie A. Morse | | | Treasurer Name Adam Morse | | |
| Street Address 15 Yarmouth Avenue | | | Street Address 268 Great Island Road | | |
| City Westerly | State RI | Zip 02891 | City Narragansett | State RI | Zip 02882 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Leslie A. Morse | | | Director Name Adam Morse | | |
| Street Address 15 Yarmouth Drive | | | Street Address 268 Great Island Road | | |
| City Westerly | State RI | Zip 02891 | City Narragansett | State RI | Zip 02882 |
| Director Name Robert S. Mantia | | | Director Name | | |
| Street Address 262 Beacon Drive | | | Street Address | | |
| City North Kingstown | State RI | Zip 02852 | City | State | Zip |
| 9. Shares Authorized | | | | | |
| 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | 100 | | PAR VALUE |
| | | | common | | no par value |
| 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 Adam Morse | | | | Date 3/11/2019 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov