

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown. Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401,222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ______ 2005

• Filing Fee: \$50.00 Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2. Name of Corporation 1 Corporate ID No. 96035 T & C Lobster, Inc. Zip State 3 Street Address Principal Business Office 02882 RI Narragansett State Pier Galilee 6. SIC Code 5. State of Incorporation 1. Business Phone No. 5884 **RHODE ISLAND** (401) 782-8088 7. Brief Description of the Character of Business Conducted in Rhode Island
THE SALE AT RETAIL AND WHOLESALE OF SHELLFISH AND FIN FISH. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name President Name Corena Handrigan Timothy D. Handrigan. Street Address Sireci Address 80 Henry Case Way 80 Henry Case Way ZID State State 02879 South Kingstown RI 02879 South Kingstown | RI Treasurer Name Secretary Name Corena Handrigan Timothy D. Handrigan Street Address Sirvet Address 80 Henry Case Way 80 Henry Case Way State 02879 South Kingstown RI 02879 South Kingstown | RI ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Corena Handrigan Timothy D. Handrigan Street Address Street Address 80 Henry Case Way 80 Henry Case Way State 02879 02879 South Kingstown South Kingstown Director Name Director Name Street Address Street Address State City Z.ip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Series Par Value Number of Shares Number of Shares Class/Series Par Value no par 2,000 COMM NO PAR VALUE common 100 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 basein we true and correct. MAR 0 3 2005 Signature of Office Print or Type Name of Office FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 96035 T & C Lobster, Inc. 3. Street Address Principal Business Office State City Zip STATE PIER GALILEE NARRAGANSETT RI 02882 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4017828088 **RHODE ISLAND** 5884 7. Brief Description of the Character of Business Conducted in Rhode Island THE SALE AT RETAIL AND WHOLESALE OF SHELLPISH AND FIN FISH. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Timothy D. Handrigan .Corena Handrigan Street Address Street Address 80 Henry Case Way .80 Henry Case Way City State Zip City State Zip South Kingstown RI RI South Kingstown 02879 02879 Secretary Name Treasurer Name Corena Handrigan Timothy D. Handrigan Street Address Street Address 80 Henry Case Way .80 Henry Case Way City State City State Zip Zip South Kingstown RI 02879 South Kingstown RI 02879 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Timothy D. Handrigan Corena Handrigan Street Address Street Address 80 Henry Case Way 80 Henry Case Way Cirv State State Zip Zip South Kingstown 02879 South Kingstown RI 02879 RI Director Name Director Name Street Address ·Street Address City State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Par Value Class/Series Class/Series 2,000 COMM NO PAR VALUE 100 Common No Par Value This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. *96035 DBC 02/05/04 02:39:92 PM7 File Date Check No Timothy D. Handrigan Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01



PROFIT	CORPORATI	ON	IANNUAL	REPORT	FOR	THE	YEAR	2003
	January 1 - March 1							

(FORM MUST BE TYPED IN BL	ACK)				
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3. Street Address Principal Busine STATE PIER GALILEE			City: NARRAGANSETT	State RI	<i>Zip</i> 02882
4. Business Phone No.	THE PARTY AND THE PARTY OF THE	5. State of Incorporation	and the second s	ina come processor of the term of the control of	6. SIC Code
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CHOCK TO.	<u> </u>		Timothy D. Hah	~ /	
B_{YC}	Sun	<u> </u>			
FOR SECRETARY OF STATE	USE ONLY		President		7 750 1500
		J	Title of Officer		Form 630 12/01

Filing Period: January 1-March 1 • Filing Fee: \$50.00

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

401-222-3040

(FORM	4 MUST BE TYPED IN B	LACK)	_			
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City	South Kingst	own RI	^{zip} 02879	South Kingstown	State RI	^{Zip} 02879
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Street .	Timothy D. H	andrigan		Corena Handrigan		
	188 Briarwoo	d Drive		188 Briarwood Dr	ive	
City		State	Zip	City	State	Zip
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Street .	Timothy D. H	andrigan		Corena Handrigan		
City	188 Briarwoo	d Drive	Zip	188 Briarwood Dr	ive State	Zip
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Street .	Address			Street Address		
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Date

that all statements youtained herein are true and correct File Date: . Signature (Offi Check No.: .

Timothy D. Handrigan

Title of Officer **₹**

Print or Type Name of Officer President

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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(FORM MUST	BE TYPED	IN BLACK)	

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2. Name of Corporation

96035

T & C Lobster, Inc.

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City

State

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State Pier, Galilee

5. State of Incorporation

RT

4. Business Phone No.

782-8088

RHODE ISLAND

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Retail	and	wholesa.	le	fish	marke

8. NAMES AND ADDRESSES OF THE OFFICERS ((*X* BOX FOR ATTACHMENT)	FILL IN SPACES BEFORE USING ATTACHMENT
President Name	Vice Pro	esident Name

President Name

Timothy D. Handrigan

Narragansett

Corena Handrigan

Street Address 188 Briarwood Drive

South Kingstown

Street Address

Treasurer Name

Street Address

City

188 Briarwood Drive

02879

South Kingstown

02879

Secretary Name

Timothy D. Handrigan

Corena Handrigan

RI

Street Address

Director Name

Street Address

188 Briarwood Drive

South Kingstown

RI

02879

188 Briarwood Drive

South Kingstown

02879

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

Corena Handrigan

Timothy D. Handrigan

188 Briarwood Drive

188 Briarwood Drive

Zip

South Kingstown

RT

02879

South Kingstown

RI

02879

Director Name

Street Address

Street Address

City

Director Name

State

. Zip

City

State

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

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10. SHARES AUTHORIZED (*X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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Class/Series

Par Value

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Common

No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 sta<u>tements co</u>n alned herein are true and correct

Signature of OTI Timothy D. Handrigan

Print or Type Name of Officer President

Title of Officer

Form 630 12/00

2001

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

3. Street Address Principal Business (Office		City	State	Zip
State Pier, Ga 4. Business Phone No.	alilee	5. State of Incorporation RHODE ISLAND	Narragansett	RI	02882 6. sic code 5884
782-8088					
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8. NAMES AND ADDRESS President Name	SES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEF Vice President Name	UKE USING ATTAC	HMEN15
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Timothy D. Handr	rigan		Corena Handrigan		
Street Address			Street Address		
188 Briarwood Dr	ive		188 Briarwood Dr	ive	
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City		•			
South Kingstown	RI	02879	South Kingstown	RI	02879
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

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0	Apr. 6	, 2000
Signature of Officer	Date	
Timothy D. Handrigan	<u> </u>	
Print or Type Name of Officer		
President		
Title of Officer		

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

Business Phone No. 82-8088 Brief Description of the Character of Business Conducted in Rhode Island etail and wholesale fish market NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)	h Kingstown RI 02879 h Kingstown RI 21p h Kingstown RI 02879 h Kingstown RI 02879 h Kingstown RI 22p h Kingstown RI 22p h Kingstown RI 02879 h Kingstown RI 02879 FILL IN SPACES BEFORE USING ATTACHMENTS Name na Handrigan
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Director Name Director i	Name
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This report must be signed in ink by either the President, Vice President	<u></u>

File Date:

Check No.:

AUG 2 is 1999

Signature of Officer

Timothy D. Handrigan

Print or Type Name of Officer

President

Title of Officer

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and



James R. Langevin, Secretary of State Corporations Division
100 North Main Street Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MIKT HE TYPED IN PLACE)

(FORM MUST BE TYPED IN	BLACK)			<u> </u>		
1. Corporate ID No.	2. Name of Corp.	oration			,	
96035	T&CLo	bster, Inc.		<u> </u>		
3. Street Address Principal Busi	ness Office		City	State	Zip	
296 Great Is:	land Road		Narragansett	RI	02882	
4. Business Phone No.	;	5. State of Incorporat	lon		6. SIC Code	
782-8088		RHODE ISI	AND		3236	
7. Brief Description of the Char	racter of Business Conducte	ed in Rhode Island: Reta	il and wholesale	sale of shel	lfish and fin	
fish; sale o	f food prod	ucts for cons	umption both on a	and off the p	remises.	
		FFICERS ("X" BOX FOR AT				
President Name		Vice President Name				
Timothy D. Ha	andrigan		Corena A. Har	Corena A. Handrigan		
Street Address			Street Address			
188 Briarwood	d Drive		188 Briarwood	d Drive		
City	State	2.ip	: City	State	Zip	
Wakefield	RI	02879	Wakefield	RI	02879	
Secretary Name			: Treasurer Name			
•	ndriaan		Corena A. Hai	ndrigan		
Corena A. Hai	<u>narigan</u>	·	Street Address	idi 19an		
188 Briarwood	d Drive		• '	188 Briarwood Drive		
City	State	Zip	: City	State	Zip	
Wakefield	RI	02879	Wakefield	RI	02879	
		RECTORS ("X" BOX FOR	ATTACHMENTS			
Director Name	KESSES OF THE DI	INECTORS LY BOX FOX	Director Name			
Timothy D. Handrigan		Corena A. Handrigan				
Street Address		: Street Address				
188 Briarwood Drive		188 Briarwood Drive				
City	State	Zip	: City	State	Zip	
Wakefield	RI	02879	Wakefield	RI	02879	
Director Name		02073	Director Name		102073	
Director Name			. Director traine			
Street Address			Street Address			
Street Wantess			· Street Numbers			
City	State	i Zip	City	State	Zip	
Cny	Sibile	1 2.7			1 -7	
10 CHAPPE AUTHOR	17FD (eve nov con .		11 CHAPPE ICCION	/eve nov ron attraculars		
10. SHARES AUTHOR	IZED (-x - BOX FOR Y	TTACHMENT)	-	("X" BOX FOR ATTACHMEN	<i>m</i>	
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sertes	Par Value	
0 000 COMM NO	DADWALLE		100	common	no par	
2,000 COMM NO	LAKE ANTOR					
			L			
This report must be s	igned in ink by e	either the President, V	ice President, Secretary, As	sistant Secretary, Trea:	surer, Receiver or Trus	
-	- ,		•	·		

· · ·	* 9 6 0 3 5 *	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.
File Date:	1014	Signature of Office) Timothy D. Handrigan
By:FOR SECRETARY O	AMF	Timothy D. Haldrigan Pelnt or Type Name of Officer President Title of Officer