



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 96035		2. Name of Corporation T & C Lobster, Inc.			
3. Street Address Principal Business Office State Pier Galilee			City Narragansett	State RI	Zip 02882
4. Business Phone No. (401) 782-8088		5. State of Incorporation RHODE ISLAND			6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island THE SALE AT RETAIL AND WHOLESALE OF SHELLFISH AND FIN FISH.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Timothy D. Handrigan.			Vice President Name Corena Handrigan		
Street Address 80 Henry Case Way			Street Address 80 Henry Case Way		
City South Kingstown	State RI	Zip 02879	City South Kingstown	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 South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Timothy D. Handrigan			Director Name Corena Handrigan		
Street Address 80 Henry Case Way			Street Address 80 Henry Case Way		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



96035

FILED

File Date MAR 09 2005
Check No. 165-2670
By [Signature]

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 that all statements contained herein are true and correct.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer



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)

1. Corporate ID No. 96035		2. Name of Corporation T & C Lobster, Inc.			
3. Street Address Principal Business Office STATE PIER GALILEE			City NARRAGANSETT	State RI	Zip 02882
4. Business Phone No. 4017828088		5. State of Incorporation RHODE ISLAND			6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island THE SALE AT RETAIL AND WHOLESALE OF SHELLFISH AND FIN FISH.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Timothy D. Handrigan		Vice President Name Corena Handrigan			
Street Address 80 Henry Case Way		Street Address 80 Henry Case Way			
City South Kingstown	State RI	Zip 02879	City South Kingstown	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 South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Timothy D. Handrigan		Director Name Corena Handrigan			
Street Address 80 Henry Case Way		Street Address 80 Henry Case Way			
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
2,000 COMM NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	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



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.

Timothy D. Handrigan
Signature of Officer
Timothy D. Handrigan
Print or Type Name of Officer
President
Title of Officer

96035 DBC 02/05/04 02:39:52 PM

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Form 630 (2/01)



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *96035*	2. Name of Corporation T & C Lobster, Inc.		
3. Street Address Principal Business Office STATE PIER GALILEE	City NARRAGANSETT	State RI	Zip 02882
4. Business Phone No. 4017828088	5. State of Incorporation RHODE ISLAND	6. SIC Code 5884	
7. Brief Description of the Character of Business Conducted in Rhode Island THE SALE AT RETAIL AND WHOLESALE OF SHELLFISH AND FIN FISH.			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Timothy D. Handrigan			Vice President Name Corena Handrigan		
Street Address 188 Briarwood Drive			Street Address 188 Briarwood Drive		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name Timothy D. Handrigan			Treasurer Name Corena Handrigan		
Street Address 188 Briarwood Drive			Street Address 188 Briarwood Drive		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Timothy D. Handrigan			Director Name Corena Handrigan		
Street Address 188 Briarwood Drive			Street Address 188 Briarwood Drive		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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



* 9 6 0 3 5 *

96035 DB01/23/033-04-03 PM
File Date <u>2/25/03</u>
Check No. <u>1576</u>
By <u>[Signature]</u>
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 that all statements contained herein are true and correct.

Signature of Officer <u>[Signature]</u>	Date <u>2/26/03</u>
Timothy D. Handrigan	
Print or Type Name of Officer	
President	
Title of Officer	



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96035** 2. Name of Corporation **T & C Lobster, Inc.**
3. Street Address Principal Business Office **State Pier, Galilee** City **Narragansett** State **RI** Zip **02882**
4. Business Phone No. **782-8088** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5884**

7. Brief Description of the Character of Business Conducted in Rhode Island
Retail and wholesale fish market

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			
188 Briarwood Drive				188 Briarwood Drive			
City	State	Zip		City	State	Zip	
South Kingstown	RI	02879		South Kingstown	RI	02879	
Secretary Name				Treasurer Name			
Timothy D. Handrigan				Corena Handrigan			
Street Address				Street Address			
188 Briarwood Drive				188 Briarwood Drive			
City	State	Zip		City	State	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			
188 Briarwood Drive				188 Briarwood Drive			
City	State	Zip		City	State	Zip	
South Kingstown	RI	02879		South Kingstown	RI	02879	
Director Name				Director Name			
Street Address				Street Address			
City				City			
State				State			
Zip				Zip			

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000 CC-1M NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	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



* 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: 4-29-02

Check No.: 1363

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Signature of Officer

Date

Timothy D. Handrigan

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96035** 2. Name of Corporation **T & C Lobster, Inc.**

3. Street Address Principal Business Office
State Pier, Galilee

City
Narragansett

State
RI

Zip
02882
6. SIC Code
5884

4. Business Phone No.
782-8088

5. State of Incorporation
RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island
Retail and wholesale fish market

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
Timothy D. Handrigan

Vice President Name
Corena Handrigan

Street Address
188 Briarwood Drive

Street Address
188 Briarwood Drive

City
South Kingstown State **RI** Zip **02879**

City
South Kingstown State **RI** Zip **02879**

Secretary Name
Timothy D. Handrigan

Treasurer Name
Corena Handrigan

Street Address
188 Briarwood Drive

Street Address
188 Briarwood Drive

City
South Kingstown State **RI** Zip **02879**

City
South Kingstown State **RI** Zip **02879**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Timothy D. Handrigan

Director Name
Corena Handrigan

Street Address
188 Briarwood Drive

Street Address
188 Briarwood Drive

City
South Kingstown State **RI** Zip **02879**

City
South Kingstown State **RI** Zip **02879**

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

2,000 COMM NO PAR VALUE

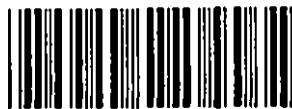
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series 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



* 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: 4-9-01

Check No.: 1156

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 3/5/01 2001
Signature of Officer Date

Timothy D. Handrigan

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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. 96035 2. Name of Corporation I & C Lobster, Inc.

3. Street Address Principal Business Office

State Pier, Galilee

City

Narragansett

State

RI

Zip

02882

4. Business Phone No.

782-8088

5. State of Incorporation
RHODE ISLAND

6. SIC Code
5884

7. Brief Description of the Character of Business Conducted in Rhode Island

Retail and wholesale fish market

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Timothy D. Handrigan

Vice President Name

Corena Handrigan

Street Address

188 Briarwood Drive

Street Address

188 Briarwood Drive

City

South Kingstown

State

RI

Zip

02879

City

South Kingstown

State

RI

Zip

02879

Secretary Name

Timothy D. Handrigan

Treasurer Name

Corena Handrigan

Street Address

188 Briarwood Drive

Street Address

188 Briarwood Drive

City

South Kingstown

State

RI

Zip

02879

City

South Kingstown

State

RI

Zip

02879

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Timothy D. Handrigan

Director Name

Corena Handrigan

Street Address

188 Briarwood Drive

Street Address

188 Briarwood Drive

City

South Kingstown

State

RI

Zip

02879

City

South Kingstown

State

RI

Zip

02879

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 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:

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

Signature of Officer

Timothy D. Handrigan

Print or Type Name of Officer

President

Title of Officer

Date

2000



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96035		2. Name of Corporation T & C Lobster, Inc.	
3. Street Address Principal Business Office State Pier, Galilee		City Narragansett	State RI
4. Business Phone No. 782-8088		Zip 02882	6. SIC Code 5884
5. State of Incorporation RHODE ISLAND			
7. Brief Description of the Character of Business Conducted in Rhode Island Retail and wholesale fish market			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Timothy D. Handrigan		Vice President Name Corena Handrigan	
Street Address 188 Briarwood Drive		Street Address 188 Briarwood Drive	
City South Kingstown	State RI	City South Kingstown	State RI
Zip 02879		Zip 02879	
Secretary Name Timothy D. Handrigan		Treasurer Name Corena Handrigan	
Street Address 188 Briarwood Drive		Street Address 188 Briarwood Drive	
City South Kingstown	State RI	City South Kingstown	State RI
Zip 02879		Zip 02879	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Timothy D. Handrigan		Director Name Corena Handrigan	
Street Address 188 Briarwood Drive		Street Address 188 Briarwood Drive	
City South Kingstown	State RI	City South Kingstown	State RI
Zip 02879		Zip 02879	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
2,000 COMM NO PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
100	common	no par	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 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: **FILED**
Check No.: **AUG 24 1999**
By: **CC 2670**
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: **Timothy A. Handrigan** Date: **August 23, 1999**
Print or Type Name of Officer: **Timothy D. Handrigan**
Title of Officer: **President**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 MUST BE TYPED IN BLACK)



1. Corporate ID No. 98035		2. Name of Corporation T & C Lobster, Inc.			
3. Street Address Principal Business Office 296 Great Island Road			City Narragansett	State RI	Zip 02882
4. Business Phone No. 782-8088		5. State of Incorporation RHODE ISLAND			6. SIC Code 3236
7. Brief Description of the Character of Business Conducted in Rhode Island: Retail and wholesale sale of shellfish and fin fish; sale of food products for consumption both on and off the premises.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name Timothy D. Handrigan			Vice President Name Corena A. Handrigan		
Street Address 188 Briarwood Drive			Street Address 188 Briarwood Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Corena A. Handrigan			Treasurer Name Corena A. Handrigan		
Street Address 188 Briarwood Drive			Street Address 188 Briarwood Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name Timothy D. Handrigan			Director Name Corena A. Handrigan		
Street Address 188 Briarwood Drive			Street Address 188 Briarwood Drive		
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
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 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: **7-24-98**

Check No.: **1014**

By: **AMF**

FOR SECRETARY OF STATE USE ONLY

July 17, 1998

Signature of Officer
Timothy D. Handrigan

Print or Type Name of Officer

President

Title of Officer