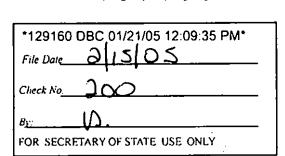


Matthew A. Brown, Secretary of State Corporations Division

FORM MUST BE TYPED IN L. Corporate ID No	BLACK) 2. Name of Corp	oration			·		
129160	,	n/Interactive, Inc.					
B. Street Address Principal Bus	siness Office	<u> </u>	City	State	Zip		
150 CHESTNUT STREET 3RD FLOOR			PROVIDENCE	RI	02903-		
. Business Phone No. 5. State of Incorpora				6. SIC Code			
4012733400 RHODE ISLAN			ND 				
7. Brief Description of the Cha			AND SEAFOOD-RELATED I	PRODUCTS. INCLUDI	NG BUT NOT LIMITED		
TO_LOBSTER_AND_OTH	RR-SHELLFISH.	_AT_WHOLESALE_AND	_RETAIL				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR A President Name			Vice President Name				
Andrew Rock			•				
Street Address	-		Sircei Address				
150 Chestnut Stre	eet - 3rd Fl	oor		•			
Cin	State	Zip	City	State	Zip		
Providence	RI	02903	Treasurer Name		.		
ecretary Name Andrew Rock			Andrew Rock				
Street Address			* Street Address				
150 Chestnut Street - 3rd Floor			.150 Chestnut Street - 3rd Floor				
City	State	Zip	*City	State	Zip		
Providence	RI	02903	. Providence	RI	02903		
9. NAMES AND ADDRE	SSES OF THE DI	RECTORS ("X" BOX FO	DR ATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS		
Andrew Rock			•				
Sircei Address			Street Address				
150 Chestnut Stre	eet - 3rd Fl		· · · · · · · · · · · · · · · · · · ·				
Cin [,]	State	Zip	·Ciny	State	Zip		
Providence	JRI	02903			. <i></i>		
Director Name			• Director Name •				
Sirect Address			·Sirect Address				
City	State	Zip	.City	State	Zip		
10. SHARES AUTHORIZ	ZED ("X" BOX FO	RATTACHMENT)	11. SHARES ISSUED ("?	" BOX FOR ATTACHME	ח מא □		
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series_	Par Value	Number of Shares	Class/Series	Par Value		
4,000 COMM NO PAR VALUE			100	Comon	No Par Value		



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 Andrew Rock
Print or Type Name of Officer President Title of Officer Form 630 12/01



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

FORM MUST BE TYPED	y 1 - March 1 ● O IN BLACK)					
1. Corporate ID No.	2. Name of Corp	oration	···			
129160	Lobster.cor	n/Interactive, Inc.				
3. Street Address Principal	Business Office		City	10-4-		
150 Chestnut Street - 3rd Floor		Providence	State RI	Zip		
4. Business Phone No. 5. State of Incorpo			171	02903		
401-273-3400 RHODE ISL				6. SIC Code		
7. Brief Description of the Character of Rusiness Conducted in Physical						
TO PURCHASE, MAR	KET, DISTRIBUTE	AND SELL SERFOR	OD AND SEAFOOD-RELATED	PRODUCTS INCLID	INC DIFF NOW A THE	
TO_LOBSTER_AND_O 8. NAMES AND ADDI	THER_SHELLFISH RESSES OF THE OF	AT_WHOLESALE_AI	ND_RETAIL_	- ROBOCIB, INCLUD.	ENG BUT NOT LIMITED	
President Name	Croses of the Or	FICERS ("X" BOX FO	ORATTACHMENT) FILL IN SI	PACES BEFORE USING	ATTACHMENTS	
Andrew Rock			Vice President Name			
Street Address			Sireei Address			
150 Chestnut St	reet - 3rd Flo	or	Greet Address			
City	State	Zip	City			
PROVIDENCE	RI	02903	·ciny	State	Zip	
Secretary Name			Treasurer Name			
Andrew Rock			Andrew Rock			
Street Address			· Street Address			
150 Chestnut St	reet - 3rd Flo	or	.150 Chestnut Street - 3rd Floor			
City	State	Zip	*Chy		or	
Providence	RI	02903	.Providence	State	7.ip	
9. NAMES AND ADDR	ESSES OF THE DIR	FCTORS ("Y" POY	FOR ATTACHMENT) FILL IN S	RI	02903	
Director Name		LONG IN BOX	Director Name	SPACES BEFORE USING	ATTACHMENTS	
Andrew Rock			*			
Street Address			· · · · · · · · · · · · · · · · · · ·			
150 Chestnut St	reet - 3rd Flo	or	· Street Address			
City	State		•			
Providence	RI	<i>Zip</i> 02903	·City	State	Zip	
Director Name] • • • • • • • • • • • • • • • •				
			Director Name		• • • • • • • • • • • • • • •	
irect Address		· · · · · · · · · · · · · · · · · · ·				
			·Street Address			
iry	State	Zip	CIN	- <u> </u>		
		\[\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{\pi_	•	State	Zip	
10. SHARES AUTHOR	ZED C'Y' BOY FOR	ATTACUMENT C				
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			II. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
umber of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	C1 16 +		
			Trainer of Shares	Class/Series	Par Value	
,000 COMM NO PAR VALUE			100	COMMON	NO PAR VALUE	
						
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his raport must be -!			e President, Secretary, Assist		}	

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File Date

Check No.

By:

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.

Sgranire of Officer Andrew Rock

Print or Type Name of Officer

President

Form 630 12/01