

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

Matthew A. Brown, Secretary of State

Filing Period: January 1 - March 1 •

Corporations Division 100 North Main Street Providence, RI 62903-1335 401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Fee: \$50.00

2005

(FORM MUST BE TYPED OR PRIN	TED IN BLACK)				
1 Corporate ID No	2 Name of Corporat				
70565		k Shellfishermen's Coop	erative, Inc.	· · · · · · · · · · · · · · · · · · ·	
3 Street Address Principal Business (130 Lincoln	St.		North Kingsto	own RI	2452-1225
4 Business Phone No		5 State of Incorporation	. 0*		5 SIC Code
885-70		RHODE ISLAND	<u> </u>		3888
7 Brief Description of the Character of TO CONDUCT A COOPE	of Business Conducted RATIVE CORPORA	m Rhode Island ATION FOR SHELLFISHEI	RMEN DOCKING BOATS IN .	APPONAUG COVE IN WAR	WICK.
8. NAMES AND ADDRESSES				SPACES BEFORE USING	
President Name		(11 22 21 21 21 11 11 11 11 11 11 11 11	Vice President Name	•	
Thomas P	apa (Richard	Miner	
50 Finn St	•		Street Address 191 Mt. Vie	w Ave	
N. Kingstown	State RI	02852	N. Kingstow	n State RI	02 852
ISDAC F	ectezu		Bruce E	astmen	••••
615 Hill Far	m Rd.		Street Address	oln St.	<u>,</u>
Cits	State 7	Zip 2001	City	State	Ζφ
Coventry	KL	02816	N. Kingstowi	n I KL	02852
9. NAMES AND ADDRESSES Director Name	OF THE DIKECT	ORS: ("X" BOX FOR A	TACHMENT)U [FILL I Director Name	IN SPACES BEFORE USING	G ATTACHMENTS
Angelo D	andall		Proceed Same		
Street Address	CY ILA ZAVI		Street Address		
_ S Stuart	£4·				
City	State C	Ζφ	Cuy	State	Zφ
Coventry	〈丁	02816			
Director Name			Director Name		
Street Address			Street Address		
			· ····································		
Cuv	State	Zip	Cu):	State	Zφ
10. SHARES AUTHORIZED	 ("X" BOX FOR A	 TTACHMENT) [11. SHARES ISSUED	 (*X" BOX FOR ATTACHM	 MENT) □
AUTHORIZITE SHARES			ISSUED SHARES	:	, <u>u</u>
Number of Shares	Class/Senes	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			2000	Common	none
This report must be s	signed in ink by o	either the President, Vice	President, Secretary, Assist	ant Secretary, Treasurer, R	ecciver or Trustee
•	, ,			, ,	
11111	inaki nekal bilin bil	IBI BHI 1881	•		

File Date 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.

Bruce Print or Type Name of Office

Form 630 Rev. 12/03



Filing Period: January 1 - March 1

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 A

ANNUAL REPORT FOR THE YEAR	2004
Filing Fee: \$50.00	
oration	

1. Corporate ID No.	<u> </u>			<u> </u>	<u> </u>
70565	2. Name of Corpora Arnold's Nec	won k Shellfishermen's Coope	erative. Inc.		
3. Street Address Principal Business 130 Line	Office		North Kings	town RI	O28524220
4. Business Phone No.	- ····	5 State of Incorporation			G. SIC Code
7. Brief Description of the Character		RHODE ISLAND			8888
TO CONDUCT A COOP	ERATIVE CORPOR	ATION FOR SHELLFISHEI	RMEN DOCKING BOATS IN	APPONAUG COVE IN WAR	WICK.
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS: ("X" BOX FOR ATT	ACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name	D		Vice President Name		
Thomas Street Address	haba		-	Niner	
50 Finn	St.		Sirrei Address 191 Mt Vi	ew Ave.	
City L	State	Zip COCO	City	State	Z(p
N. Kingstown Secretar Name	RI	102852	Nikingstown) / <t< td=""><td>05825</td></t<>	05825
Isax Fe	cteau		Treasurer Name Bruco E	:astman	
Street Address	0.1		Sireei Address		
615 Hill Fa	state	7/6	130 Linco		7/5
Coventry 9. NAMES AND ADDRESSE	RI	^{Zip} 02816 fors: <i>("X" box for a</i> :	N. Kingstown	State RI IN SPACES BEFORE USING	02852
Director Name Angelo 12	الدامد	ONS. (X BOX LOR A.	Director Name		3 ATTACHMENTS
Sirect Address 5 Stuzrt	St.		Street Address		
Coventry	State	02816	Cuy	State	Zip
Director Name		······································	Director Name		•••••••
Street Address		<u></u>	Sireci Address		 -
Gity	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			2000	Common	none
This report must be	signed in ink by	either the President, Vice	President, Secretary, Assis	tant Secretary, Treasurer, R	ecciver or Trustee
·	·		•	•	
	IBBN BBNET BING BHRI BIN				

	- * 7.0.5 6.5 *-
File Date _	71116
Check No	810
Ву:	<u></u>
F	OR 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 statement
contained herein are true and correct.

Bruce W. Eistman	1/31/04
ignature of Officer	Date

Bruce W. Eastman
Print or Type Name of Officer

Treasurer

Title of Officer

Form 630 Rev. 12/03

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 2003

riing reriou: junuary 1-march 1	•	Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)		

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1	Core	ocate I	D N	lo					

Arnold's Neck Shellfishermen's Cooperative, Inc.

3 Street Address Principal Business Office

130 Lincoln st.

North Kingstown

4. Business Phone No. 885-7056

5. State of Incorporation

RHODE ISLAND

8888

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

maintain dock for 20 fishermen

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

Thomas Papa

50 Finn St.

Isaac Fedeau

615 Hill Farm Rd.

Vice President Nami Richard Miner

Mt. View Ave

130 Lincoln St.

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

Angelo Randall

Stuart St

02816

Street Address

State

Director Name

Street Address

Director Name

Street Address

City

State

Zip

City

City

State

Zip

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

AUTHORIZED SHARES

4,000 NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares

Class/Series

2000

Lommon

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.

Bruce W. Eastman 1/9/03

Bruce W. Eastman

Treasurer Title of Officer

- S

Form 630 12/02

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

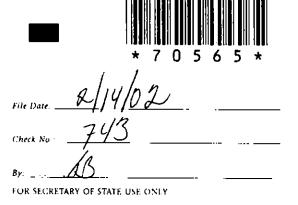
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PER WE READ
INSTRUCTIONS

FORM MUST BE TYPED IN BLA	(CK)				
1. Corporate ID No.	2. Name of Corporat	ion			
70565	•	ck Shellfishermen's Coope	erative Inc.		
3 Street Address Principal Business	Office		City	State	Zip
130 Lincol	n 51.		North Kingstown	RI	02852
4 Business Phone No.	_	5 State of Incorporation		. •	6 SIC Code
. 885-7056		RHODE ISLAND			8888
7. Brief Description of the Characte					
		imercial fisher			
8. NAMES AND ADDRES	SES OF THE OFFI	CERS ("X" BOX FOR ATTACE		ORE USING ATTACH	MENTS
President Name			Vice President Name	4.0.0	
Thomas Pa Street Address	694		Richard Mi	uer.	
50 Finn St	•		191 mt. View	Ave	
N. Kingstown	State RI	02852	N. Kingstown	State RI	^{Zip} 02852
Secretary Name	•		Treasurer Name		
ISDAC Fe	dezu		Bruce East	man	
615 Hill F	arm Rd.		130 Lincoln	St.	
Coventry	State RT	02816	N. Kingstown	State RI	^{ℤଡ଼} ⊘28 5≥
9. NAMES AND ADDRES	SES OF THE DIRE	CTORS ("X" BOX FOR ATTA		EFORE USING ATTAC	
Director Name			Director Name		-
Angelo K	endall + St.				
Street Address			Street Address		
5 Stuer	1 St				
Correspond	RI	02816	City	State	Zip
Director Name		02016	Director Name		
			Difficul Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			2000	cammon	none

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

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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 that all statements contained herein are true and correct.

Bruce W.	Eastman	1/25/02
Signature of Officer		Date

Bruce W.	Eastman	
Print or Type Name of Officer		

Treasurer _____

Form 630 12/01

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

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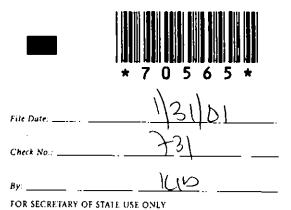
ROFIT CORPORATION		FOR	THE	YEAR	2001
ling Period: Innuery I March I .	Elling Fac. #50.00				



Filing Period: Januar	ry I-March I 🔹 I	Filing Fee: \$50.00			INSERT D
(FORM MUST BE TYPED IN B	LACK)				
1 Corporate ID No. 70565	2 Name of Corporation Annolds N		en's Cooperative, I	nc.	
3. Street Address Principal Busine			City	State	Zip
130 LINC 4. Business Phone No	oin Sti	5 State of Incorporation	N. Kingstown	RI	02852 6. SIC Code
885-705	56	RHODE ISLAND			8888 8. 80° Costs
7 Brief Description of the Charac	•	or commercial	fishermen		
8. NAMES AND ADDRE		ERS ("X" BOX FOR ATTACHN	MENT) FILL IN SPACES BEFO	RE USING ATTACI	HMENTS
President Name Thomas Street Address	Papa	,	Richard Mir	ner	
50 Finn			191 Mt. View	Ave.	
N. Kingstown	State RI	^{z.p} 🖒 2852	N. Kingstown	State RI	02852
Isaac F	_		Bruce Eastn	nen	
615 Hill 1			130 Lincoln S	† ·	
Coventry	State RI	02816	N. Kingstown	State RI	^{-zφ} 0≥852
9. NAMES AND ADDRE	ESSES OF THE DIREC	CTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BEI	ORE USING ATTA	CHMENTS
Angelo R	andall		Director Name		
5 Stuert	C+		Street Address		
City	State OF	Zip	City	State	Zip
Coventry Director Name	KI	02816	Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ("X" BO.	X FOR ATTACHMENT	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

2000



4,000 SHS 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.

Bruc	e W	. <i>E</i> a	stman	1/28/01
Signature of Officer			Da	
\sim			1	

Bruce W. Eastman

Treasurer
This of Officer



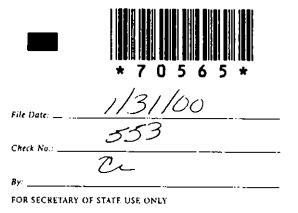
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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 Arnold's Neck Shellfishermen's Cooperative, Inc. 70565 3. Street Address Principal Business Office N. Kingstown 130 Lincoln St. 4. Business Phone No. S. State of Incorporation 885-7056 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island maintain Dock for commercial fishermen 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Thomas Papa Richard Miner Mt. View Ave 02852 02852 130 Lincoln St. N. Kingstown 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Angelo Street Address Randall Street Address City State 02816 Coventri Director Name Director Name Street Address Street Address . State Zio 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 4,000 SHS NO PAR VALUE 2000 none Common

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.

Bruce W. E	astman 1	122100
Signature of Officer	•	Date
Secretary	Bruco East	man

Bur 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

1. Corporate ID No	2. Name of Corporat				
70565	Arnold's Ne	ck Shellfishermen's	Cooperative Inc		
3 Street Address Principal Business (ok onomionemich s	City	State _	Zip
130 Lincoln	_ 1		N. Kingstown	RI	028SZ
4. Business Phone No.	, ,,	5. State of Incorporation RHODE ISLAN			6. SIC Code 0000
7. Brief Description of the Character:			for stackholdens.		
8. NAMES AND ADDRESS				ORE USING ATTACH	MENTS
President Name Thomas De			Vice President Name		
Thomas Pa	$p\rho$ a		Richard Mir	ner	
50 Finn		_	. •	o Ave	
N. Kingstown	State RI	02852	N. Kingsteren	RI	028SZ
Bruce Eastn	nan		Bruce Ezstr	nen	
130 Lincoln	_		130 Lincoln	24.	
N. Kingstown	State RI	^{zip} 02852	N. Kingstown	State R#	05825
9. NAMES AND ADDRESS	SES OF THE DIRE	CTORS ("X" BOX FOR AT		EFORE USING ATTAC	HMENTS
Angelo Ran	Mell		Director Name		
Street Address 5 Stuart S	54.		Street Address		
City	State	Zip	City	State	Zip
Coventry	RI	02816	,	•	···•
Director Name	, , ,	· '	Director Name		*** ** ** ** ** **
Street Address			Street Address		
Gity	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	O ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*x* l	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES	Class (Carlos		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR V	/ALUE		2000	Common	no par
This report must be signed	ed in ink by aith	or the President Vice	President, Secretary, Assista	nt Cacrotary Transcor	Pacaius as T-

	* 7 0 5 6 5 *
File Date:	Jul 26, 99
Check No.	923
Ву:	<u>S</u> O
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.

Bruce W	Eastman	2/25/99	
Signature of Officer		Date	
\sim	_ ;		

Bruce w Fastman Print or Type Name of Officer

THE OF OFFICER



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

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F. : 351	k! AD
INS, REG	TON

(FORM MUST BE TYPED IN BLACK) L. Carporate ID No. 2. Name of Corporation 70565 Arnold's Neck Shellflshermen's Cooperative, Inc. 3. Street Address Principal Business Office N. Kingstown 130 Lincoln St. *0*2852 4. Business Phone No. 5 State of Incorporation 6. SIC Code 886-7056 **RHODE ISLAND** 2246 7 Brief Description of the Character of Business Conducted in Rhode Island Maintain Dock built by the corporation 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Thomas Papa Richard Miner 191 Mt. View Ave 02852 Ronald Major 960 Coder Swemy Rd. N. Kingstown 02886 02852 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Angelo Randall Street Address City State RI 02816 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 Class/Series Number of Shares Class/Series 2000 4,000 SHS NO PAR VALUE none Common

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

	* 7 0 5 6 5 *
File Date:	3/2
Check No :	263
By:	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.

Bruce W. Eastman	25198
Signature of Officer D	die
Bruce W. Bastman	
Print or Type Name of Office	

Treasurer



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

PROFIT CORPORATION ANNUAL REPORT 1997

iling Period: January 1-March 1	•	Filing	Fee:	\$50.00
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(FORM MUST	· BE	TYPED	IN	BLACK)
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I.	Corporate ID No.	
	70565	

2. Name of Corporation

Arnold's Neck Shellfishermen's Cooperative, Inc.

3. Street Address Principal Business Office 130 Lincoln

N. Kingstown

4. Business Phone No.

5. State of Incorporation RHODE ISLAND

885-7056 7. Brief Description of the Character of Business Conducted in Rhode Island

maintain dack for 20 members

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

Thomas Papa Street Address

Finn St.

Ni Kingstown

Ronald Major

960 Cedar Swamp

Warwick

02852

Bruce Eastman

Richard Miner

191 Mt. VIEW Ave.

130 Lincoln St.

City N. Kingstown

Director Name

Street Address

Street Address

9. NAMES AND ADDRESSES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT)

Angelo Randall

Stuart St.

Director Name

02816

City

State

Zip

Director Name

Street Address

City

State

Zio

City

State

Zip

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

AUTHORIZEE) SHARES

Number of Shares

ISSUED SHARES

Number of Shares

this report, including any accompanying schedules and statements, and

that all statements contained herein are true and correct.

Par Value

4,000 SHS NO PAR VALUE

2,000 SHARES COMMON

NO PAN VALUE

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

Treasurer



PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

CORPORATE © NO.	La MARIE DE COMPONADA	PLEASE TYPE OR	PRINT IN BLACK INK.	· · · · · · · · · · · · · · · · · · ·	··
		2 NAME OF CORPORATION			
70565	• • • • • • • • • • • • • • • • • • •	d's Neck Shellf:	ishermen's Cooperat	ive, Inc.	
STREET ADDRESS PRINCIPAL BUSINESS O			απ	STATE	ZP COD€
130 Linco	In St.		N. Kingstow	n RI	02852
SUSINESS PROMERU.		15 STATE OF INCOMPORATION RHODE IS	SLAND		6. SIC CODE
BREF DESCRIPTION OF THE CHARACTER O					
MSINIBIN	Dock for 20) fishermen			
SIDENT NAME	8 N A	MES AND ADDR	ESSES OF THE OF	FICERS	
Thoma:	c Pana		WE PRESIDENT NAME	. -	
REET ADDRESS	J TOPO		Richard 1	riner	
50 Finn	St.		•	ew Due	
Υ	STATE	ZP C00E	ar	STATE	ZIP CODE
V. Kingstown	RI	02852	N. Kingstown	RI_	<i>02</i> 8s2
	72:00		TREASURER NAME		
REET ADDRESS	Jajor	·	STREET ADDRESS	asiman	·
960 Cedar	Swame R	d.	130 Line	coln St.	
		1	7017	STATE	ZIP CODE
Warwick	RI	02886	N. Kingstown	, RI	02822
ECTOR NAME	9 N A	MES AND ADDR	ESSES OF THE DI	RECTORS	4
Angels 1	Randall		DIRECTOR NAME		
REET ADORESS			STREET ADORESS		
5 Stuzi	t st.		! :		
Y .	STATE	ZIP CODE	ály	STATE	21P C010E
Coventry		02816			
EUTUK RAME			DIRECTOR NAME		
REET ADORESS			STREET ADDRESS		
			į		
Y	STATE	ZIP COOE	(anv	STATE	ZIP COUE
P-8 100 A MAN			TO A TRANSPORT OF THE PROPERTY		
	10. S	HARES AUTHOR	IZED AND ISSUED		
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	DAD 1111 IF	4 BRIGGS AS CHARGE	ISSUED SHARES	
		PAR VALUE	MUVBER OF SHARES	CLASS / SERTES	PAR VALLE
4,000 SHS	NO PAR VALUE		<u> </u>		
			•		
			; 		
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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.

Buce U. Sastman
Signature of Officer

File Date: 3/7/94

Check No: 156491

By KID

For Secretary of State Use Only

Print or Type Name of Officer

Title of Officer

State of Phode Island and Providence Plantations

Office of the Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Business entity organized under the laws of the State of. RHODE ISLAND

70565

Corporate ID:

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

Annual Report for the year: 1995

Business Entity is (check one):

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Name of Corporation: ARNOLD'S NECK SHELLFISHERMEN'S COOPERATIVE, INC.

For foreign entity, address and telephone number of principal office: N/A			 X] Business Corporation (See RIGL Chapter 7-1.1) Professional Service Corporation (See RIGL Chapter 7-5.1) 			
		Brief Statement of the character of business conducted in Rhode Island:				
Rhode Island (Provide str			maintain dock space for shellfisher- boats in Apponaug Cove			
	THE NAMES OF	THE OFFICERS AR	E:			
PRESIDENT Thomas Papa		STREET ADDRESS CITY/STATE		ZIP CODE 02852		
VICE PRESIDENT Richard Miner	STREET ADDRES 191 Mt. View Avenu		CITY:STATE North Kingstown, Rhode Island	ZIP CODE 02852		
SECRETARY Ronald Major	STREET ADDRES 960 Cedar Swamp Re		CITY:STATE Warwick, Rhode Island	21F CODE 02886		
TREASURER Bruce Eastman	STREET ADDRES 130 Lincoln Street	os	CITY/STATE North Kingstown, Rhode Island	ZIP CODE 02852		
·	THE NAMES OF 1	THE DIRECTORS A	RE:			
NAME Ronald Major	Street address Same as above	35	CITY/STATE	ZIP CODE		
NAME Thomas Papa	STREET ADDRES Same as above	· ·	CITY/S: ATE	ZIP CODE		
NAME Richard Miner	STREET ADDRES Same as above	22	CITY. STATE	ZIP CCDE		
NUMBER OF SHARES	AUTHORIZED (Rider may be attached)	NUMBER OF SHARI	S ISSUED AND OUTSTANDING (Rid	er may be attached		
Number of Shares	Class/Series	Number of Shares	Class/Series			
4,000	Common/No Par Value	2,000	Common/No Par Value			
		Bruce	w. Eastman			
Date March	, 19 <u>95</u> By	Bruce Bruce	W. Eastman			

TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

Adler Pollock & Sheehan. Inc., 2300 Hospital Trust Tower, Providence, Rhode Island 02903

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed PAID

Treasurer____

Filing Fee \$50.00 Payable to: Secretary of State

State of Rhode Island and Providence Plantations Office of the Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335

File Annually

LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

(401) 277-3040

Corporate ID: 70565	Annual Report for the year: 1994			
Name of Business Entity: ARNOLD'S NECK SHELLFISHE	ERMAN'S COOPERATIVE, INC.			
BUSINESS ENTITY ORGANIZED UNDER THE LAWS OF THE STATE OF: RHODE ISLAND	Business Entity is (check one):			
Federal Taxpayer Identification Number:	X Business Corporation (See RIGL Chapt	er 7-1.1)		
For foreign entity, address and telephone number of principal office:	Professional Service Corporation (See	RIGL Chapter 7-5.1)		
N/A	Limited Liability Company (See RIGL 7	-16)		
	Name, title and mailing address of contact	person to whom		
	communications may be directed:			
phone:	Thomas Papa, President			
	P.O. Box 7016			
Address and telephone of principal office of business entity in Rhode	Warwick, Rhode Island 02887			
Island (Provide Street Address - Not P.O. Box):				
P.O. Box 7016, Warwick, Rhode Island 02887	Brief statement of the character of business	ss conducted in Rhode Island:		
130 Lincoln St.	To build and maintain dock space	ouild and maintain dock space for shellfisherman docking		
North Kingstown, RT. 02852	boats in Apponaug Cove	poats in Apponaug Cove		
phone: 865-7056	Date of Organization: 12.02	Date of Organization: 12.02.92		
	Date of Qualification to do business in Rho	ode Island (if foreign entity):		
•	n/a	<u></u>		
,	F THE OFFICERS ARE:			
CHIEF EXECUTIVE OFFICER OR X PRESIDENT (Check One) STREET ADI	DRESS CITY/STATE	ZIP CODE		
Thomas Papa, 50 Finn Street, North Kingstown, Rhode Is				
CHIEF OPERATING OFFICER OR X VICE PRESIDENT (Creek One) STREET ADI		ZIP CODE		
Richard Mingr, 191 Mt. View Avenue, North Kingstown,				
CUSTODIAN OF RECORDS OR X SECRETARY (Chock One) STREET ADI		ZIP CODE		
Ronald Major, 960 Cedar Swam Road, Warwick, Rhode Is CHIEF FINANCIAL OFFICER OR X TREASURER ICHOCK ORD STREET ADD		ZIP CODE		
Bruce Eastman, 130 Lincoln Street, North Kingstown, Rh		<u>-</u> 3333		
	THE DIRECTORS ARE:			
NAME STREET ADDRESS	CITY/STATE	ZIP CODE		
Ronald Major, Same As Above		2 3332		
NAME STREET ADDRESS	CITY/STATE	ZIP CODE		
Thomas Papa, Same As Above				
NAME STREET ADDRESS	S CITY/STATE	ZIP CODE		
Richard Minor, Same as Above / Bruce Eastman, Same A	As Above			
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AT	ND OUTSTANDING (If Applicable)		
NUMBER 4,000	NUMBER 2,000			
CLASS Common	CLASS Common			
SERIES n/a	SERIES n/a	. <u>.</u>		
PAR VALUE OR WITHOUT PAR No Par Value	PAR VALUE OR WITHOUT PAR	No Par Value		
				

10973

To be filed annually between January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 100 North Main Street Providence, Rhode Island 02903

Corporate ID <u>0070565</u>	Annu	al Report for the year	1993	
FIRST: The name	of the corporation is	Arnold's Neck Shellfi	sherman's	
Cooperative, Inc	•			
SECOND: It is i	ncorporated under the 1	aws of <u>Rhode Island</u>		
THIRD: Characte	r of business, briefly	stated, is <u>To build and</u>	d maintain dock space for	
shellfishermen do	cking boats in Apponaug	Cove		
FOURTH: If fore	ign corporation, addres	s of its principal off	ice <u>N/A</u>	
FIFTH: Business	address in Rhode Islam	nd <u>P.O. Box 7016, Warwi</u> e	ck. Rhode Island 02887	
SIXTH: Names and Name	d addresses of its dire Office	ectors and officers: (A	ttach rider if necessary) nber, street, zip code)	
Ronald Major		960 Cedar Swamp Road.		
Thomas Papa	Director	50 Finn Street, North	Kingstown, RI 02852	
<u>Richard Minor</u>	Director	191 Mt. View Avenue, I	North Kingstown, RI 02852	
Bruce Eastman	Director	130 Lincoln Street. No	orth Kingstown, RI 02852	
Angelo Randall	Director	5 Stuart Street, Coventry, RI 02816		
Thomas Papa President		Same as Above		
Richard Minor	Vice President	: <u>Same as Above</u>		
Konald Major Secretary		Same as Above		
Bruce Eastman	Treasurer	Same as Above		
SEVENTH: Number	of Shares authorized:			
No. of Shares	Class	Series	Par Value or statement that shares are without par value	
		361163	·	
4,000	Common	 13 h	No Par Value	
EIGHTH: Number (of Shares issued:		Par Value 93 or statement that shares are without	
No. of Shares	Class	Serie C'Y OF ST	are par value	
2,000	Common		No Par Value	
Dated June 30,	19 <u>93</u>	ARNOLD'S NECK SHELLFI (Name of Corporation)	SHERMAN'S COOPERATIVE, INC.	
		By Buro W	Eastman	