

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

Matthew A. Brown, Secretary of State

Corporations Divis 100 North Main Sh Providence, RI 02903-1: 401.222.3(

Form 630 Rev. 12/03

2005

PROFIT CORPORATION	N ANNUAL REPORT FOR THE YEAR _	
Filing Period: January 1 - March 1 •	• Filing Fee: \$50.00	
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(FORM MUST BE TYPED OR P	RINTED IN BLACK)	g 1 cc. 350.00			
1. Corporate ID No. 90097	2 Name of Corpora				
3. Street Address Principal Busine	as Office	R EXPRESS, INC.			
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401 481 64	71	5. State of Incorporation RHODE ISLANI			G. SIC Code
7. Brief Description of the Chamc COMMERCIAL FISHII	NG. 1.14	in Rhode Island	1		2246
8. NAMES AND ADDRESS	u u	ハヤくらい コンファン		SPACES REFORE US	ING ATTACHMENTS
President Name	odson		Vice President Name) ()	MO ATTACHMENTS
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hi.	enue		Sirver Address		
Narrasanset		21/D1 883	907	NUC.	Z(p () () () ()
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None	_		Director Nume		
Street Address			Street Address		
City	State	Ζφ -	City	State	Zip
Director Name			Director Name		
Street Address		<u> </u>			
<u> </u>	_		Street Address		
City	State	Ζφ	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR AT	 TACHMENT) ∏	11. SHARES ISSUED (*.	X* ROY FOR ATTAC	HARAT
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES		
600 NO PAR VALUE		rar vane	Number of Shares	Class/Series	Par Value
	 -		100 shares		No Par Value
This report must be	signed in ink by citl	ner the President, Vice I	President, Secretary, Assistant	Secretary, Treasurer	Receiver or Trustee
		18.01 18.01			
		·••···••·	Under penalty of perjuincluding any accompa	ry. I declare and affirm in ying schedules and size	that I have examined this report atements, and that all statements
File Date2	11-05	1	contained herein an th	Je and correct.	9 - 0 n
Check No.	2976	1	Signature of Officer	65777	J - 3 - 2005
· · · · · · · · · · · · · · · · · · ·	3.		Richard	Dodson	
By:	<i>QL</i>	_	Print or Type Name of O	-	
FOR SECRETARY OF ST	ATE USE ONLY	_	Tile of Officer	rcer	



City

City

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

Corporations Divis 100 North Main St Providence, RI 02903-1 401.222.3

2004

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

(FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 90097 THE LOBSTER EXPRESS, INC. 3. Street Address Principal Business Office Wood 4. Business Phone No. 5. State of Incorporation 401-48 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
COMMERCIAL FISHING. 2246 Whole Sale 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address State Zφ City State Zip Director Name Director Name Sinvi Address Street Address State Z.ip City State Z.ip 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 600 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 statement contained herein are true and correct. File Date FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 Rev. 12/03

2. Name of Corporation

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

Edward S. Inman, III. Secretary of .

Corporations Din

100 North Main Street, Providence, RI 02903-1

401-222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



90097 THE LOBSTER EXPRESS, INC. 3. Street Address Principal Business Office Narragansett HUERUL 421-481-6471 **RHODE ISLAND** 2246 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS (*x* Director Name Street Address Street Address City Zip City State Zip Director Name Street Address Street Address State Zio 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 600 NO PAR VALUE

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

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File Date:	1.27.03
Check No.:	2733
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FOR SECRETA	RY OF STATE USE ONLY

Under penalty of perjury, I declare	and affirm that I have examined
this report, including any accompa	nying schedules and statements, and
that all statements contained herel	n are true and correct.
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Sentitue of Officer	Date
Richard Dodson	
Print or Type Name of Officer	
Sole Usticer	
Title of Officer	
	Fa (20 1202

No Par Value

Edward S. Inman, III. Secretary of St.

Corporations Divis: 100 North Main Street, Providence, RI 02903-13.

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PROFIT COl	RPORATION ANNUAL REPORT FOR THE YEAR 2002	
(FORM MUST BE TYPED IN	(BLACK)	(l
1. Corporate ID No.	2. Name of Corporation	
90097	THE LORSTER EXPRESS INC	

90097	THE LOBS	TER EXPRESS, INC.			
3. Street Address Principal Busine	s Office		City	_	
14 Wood A	venue	5. State of Incorporation	Marragans	# RI	02882
7) - 799 - 2 7. Brief Description of the Charact	3565 er of Business Conducted	RHODE ISLAND			6. SIC Code 2246
Commercia 8. NAMES AND ADDRE	CCEC OF MILE OF	ng Wholesa	LE ROTALLE	S REFORE LIGING ATTAC	**************************************
President Name	_ 0		Vice President Name	S BEFORE USING ATTAC	HMENIS
Street Address	20 dson		Street Aldress	Dodon	
14 Mood HUW	W.		14 Word Hu	Pands	
Mattagansett Secretary Name	Same Same	2,02885	Marragan	4 13 ×	248K2
Richard Do	dsor		Massiver Name	Dodson	
14 Wood It	mue.		Street Address	1000	
Narragansett	Star	32882	Maroasanse	H TI	²¹ PD2882
9. NAMES AND ADDRES	SES OF THE DIRI	ECTORS (*x* BOX FOR ATTA	-	ES BEFORE USING ATTA	CHMENTS
Mone			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Olrector Name		• • • • • • • • • • • •	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI	O ("X" BOX FOR ATTA	CHMENT)		"X" BOX FOR ATTACHMENT)	-
Number of Shares 600 NO PAR VALUE	Class/Series	Par Value	ISSUID SHARES Number of Shares	Class/Series	Par Value
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This report must be signe	e d in ink by eith	er the President, Vice Pr	∡ esident, Secretary. Assi	stant Secretary Treasur	er Becaiver or Tours



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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
time all statements contained herein are true and correct.
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Statubure of Officer
richard Lodson
eint or Type Name of Officer
Tresident
Title of Officer

Form 630 12/01

Corporations Divis
100 North Main Street, Providence, RI 02903-1:
401-772-31

401-222-30

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN	BLACK)				INSTRUCTIO
I. Corporate ID No. 90097	2. Name of Corpor. THE LOBS	^{ntion} TER EXPRESS, IN	c		
3. Street Address Principal Busi	ness Office	The contract of the	City	State	 .
14 Wood Hu	inue		Narraganso	# "RP	Zip
4. Business Phone No.	7565	S. State of Incorporation RHODE ISLA	••		6. SIC Code 2246
7. Brief Description of the Char	acter of Business Conducted	, // /	\mathfrak{D}		
COMMERCIA		Wholt Jalt	Netail		
8. NAMES AND ADDI	CESSES OF THE OFF	ICERS ("X" BOX FOR ATT		CES BEFORE USING ATTA	CHMENTS
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14 Wood If	URNUTUSIONE -	7i n 0 n	14 Wood	Avenue	
Narrasanse #	RZ	02882	Namasanso	# RZ	²¹⁰ 028P2
Street Address	odson		Richard	odso	
14 Wood Hu	Prus	Zia	. If Wood A	venue	
Nato a Sunce T 9. NAMES AND ADDR	ESSES OF THE DIRE	ECTORS (*X* BOX FOR AT	NaconSans	et X	92881
Director Name		TO T	TACHMENT) FILE IN SP. Director Name	ACES BEFORE ÚSING ATT	ACHMENTS
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ower Apple 33			Street Address	· · · · · · · · · · · · · · · · · · ·	-
City	State	Zip	City	State	Zip
Director Name			Director Name		•
Street Address			Street Address		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORIZ	CED (*x* BOX FOR ATTA	CHMENT)	11. SHARES ISSUEI	O ("X" BOX FOR ATTACHMENT	r)
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 9 0 0 9 7 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying exhaulter and affirm that I have examined
File Date:	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No.: 2500	Stedaure of Officer Date Print by Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Solo OSSICEN

James R. Langevin, Secretary of ! Corporations Divi 100 North Main Street, Providence, RI 02903-1 401-222-3



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED II	· N BLACK)				INSTRUCT
1. Corporate ID No.	2. Name of Corp	oration			
90097	THE LOBS	STER EXPRESS, INC.			
3. Street Address Principal Bu.	siness Office	•	City	State	
14 Wood A. A. Susiness Phone No.	1224C	5. State of Incorporation	Narragansett	State	02882
401 792 7. Brief Description of the Cha	8565 stacter of Business Conducte	RHODE ISLAND	,		6. SIC Code 2246
Commercial 8. NAMES AND ADD	il Fighing	Wrwlesale R		BEFORE USING ATT	
President Name Richard Street Address	Dodson		Rice President Name	dem	ACHMENTS
14 Wood	Auenue		Stiret Address, 14 Wood Aur	198	
Navoagarsit	Stote	<i>3</i> 9812	Narva sanget	S POLY	20 879
Fichard D	20 dson		measurer Name / Chard	52	
14 Wood Au	PNUR State		Street Address HVDO AVENTO	(P	
Newron cause of 9. NAMES AND ADDR	RIL.	219 DDSVJ RECTORS ("X" BOX FOR ATTAK	Novon gensit	SPP	098K9
Director Name	The state of the bir	CECTORS ("X" BOX FOR ATTAI	CHMENT) FILL IN SPACES Director Name	BEFORE USING AT	TTACHMENTS
NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
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10. SHARES AUTHORIZ JUTHORIZZD SHARES	ZED (*X* BOX FOR ATT	CACHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHME	NT)
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his report must be sig	g ned in ink by eith	ner the President, Vice Pre	Psident Secretary Acres		
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			Under negative of posts	au Labada.	

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FOR SECRETARY OF STATE USE ONLY

er 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 ar	e true and correct.
Reihard Dobo	1-10-2000
Skindture of Officer	Date
Richard Dodso	
Print or Type Name of Officer	

11111111111111111111111111111111111111	
Print or Type Name of Officer	
N 1 1 "	
President	
Title of Officer	

James R. Langevin, Secretary of S Corporations Divi. 100 North Main Street, Providence, RI 02903-1 401-222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999



		Filing Fee: \$50.00)		PLF ASE RE.
(FORM MUST BE TYPED IN 1. Corporate ID No.					INSTRUCTION
90097	2. Name of Corpo THE LOBS	STER EXPRESS, INC).		
3. Street Address Principal Busing 14 Wood 4. Business Phone No.	ness office Aue nue		cin Nacraci	unsett RI	71p 02889
401 792-	8565	5. State of Incorporati RHODE ISL			6. SIC Code 2248
I Cammercia	1 Hichia	1.11. ls - ls	etail	PACES BEFORE USING ATT	- :
Richard	Dodgood	•	i i i	FACES BEFORE USING ATTY	CHMENTS
Street Address 14 Wood Au		•	NONE Street Address		·
Narraganset	State	02882	City	State .	Zip
Richard Dod	50~		Reasurer Name Richard Street Address	Solson	
City	State	Zip	city — —	i State	
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE USING ATT	ACHMENTS.
Street Address None			Director Name Street Address		- CONTRACTOR
City -	State	Zip	City	1 State	Zip
Director Name	· · · · · · · · · · · · · · · · · · ·	4	Director Name	• • • • • • • • • • • • • • • • • • • •	
Street Address			<u>:</u>		
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s report must be sigi	ica in ink by eithe	er the President, Vice	President, Secretary,	Assistant Secretary, Treasu	irer, Receiver or Trustee
•	7 0 0 9 7	*	Under penalty	of perjury, I declare and affirm	that I have examined
File Date:	25,00		that all stateme	luding any accompanying schoons contained herein are true	and correct.
Check No.:	939°		Signative of Officer	of losson	1/22/99
			Richa.		Dale ' '
By:	,		Print or Type Name		
FOR SECRETARY OF STATE USE (DNLY		Title of Officer	Usticer	

James R. Langevin, Secretary of Corporations Div 100 North Main Street, Providence, RI 02903.

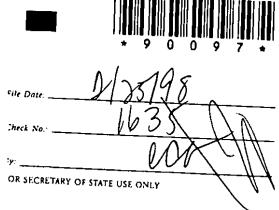
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

I. Corporate ID No. 90097	² THE LOBS	STER EXPRESS, INC			(ASTRE
3. Street Address Principal Busin	ess Office		J.		
14 Wood	Auchua		City	Sigle	Zio
I MONE IVO.		5. State of Incorporati	Narraga	nset RI	02882
401 792 - 7. Brief Description of the Charac	ter of Business Conducted	5 HHOOE ISU	AND	•	6. SIC Code 2246
8. NAMES AND ADDRE	al Fishing SSES OF THE OFF		Hetail		
Richard D			Vice President Name		
chy Wood 1	tue nue	77-	Street Address		
Marraganset Secretary Name		02882 	City	State	Zip
Stieet Address Nichai	rd Dodson		Treasurer Name	chard Dod	5m
14 Wood A. Navoacansoft	lenue Sign	Zip	. Iy wood	l Avenue nsett RI	_
9. NAMES AND ADDRES Director Name	SES OF THE DIRE	りり名ぞり CTORS (*X* BOX FOR AT	A 1	nself RI	02882
Non R			Director Name		•
			Street Address	* - * - * - * - *	
City	State	Zip	City	State	71.
Director Name	•	• • • • • • • • • • • • • • • • • • • •	Director Name		Zip
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			Street Address	•	
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his report must be signed	in ink by either	the President, Vice P	resident, Secretary Ac	Cistant Carrows -	

e 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.

	is contail	ned herel	n are true and corre	ct.
Richard		1	P .1 1	5 G 1 A
Signature of Officer	1/07	201	Resident	<u>2-2</u> -97
Dih. 1	\sim	Λ	Date	_

James R. Langevin, Secretary of St Corporations Divis

100 North Main Street, Providence, RI 02903-1; 401-277-3(

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation 90097 THE LOBSTER EXPRESS, INC. 3. Street Address Principal Business Office 14 Wood Avenue City State Zip 4. Business Phone No. Narragansett RI 02882 5. State of Incorporation (401) 789-7737 **RHODE ISLAND** 6. SIC Code 7. Brief Description of the Character of Business Conducted in Rhode Island 2246 Commercial fishing 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Richard Dodson Richard Dodson Street Address 14 Wood Avenue Street Address 14 Wood Avenue City State City Narragansett State RI Zip 02882 Narragansett Secretary Name RI 02882 Treasurer Name Richard Dodson Richard Dodson Street Address Street Address 14 Wood Avenue 14 Wood Avenue City State Narragansett State RI 02882 Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Narragansett RI 02882 Director Name Richard Dodson Street Address 14 Wood Avenue Street Address City Zip City Narragansett State RI Zio 02882 Director Name Director Name treet Address Street Address ity State ZIp City State ZIp 0. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) UTHORIZED SHARES ESSUED SHARES umber of Shares Class/Series Par Value Number of Shares 600 SHS NO PAR VALUE Class/Series Par Value 100

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

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He Date:	3.97
heck No.:	65
·	P
R SECRETARY OF STATE	TE 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

Common

Richard Dodson Print or Type Name of Officer

President Title of Officer

No Par