



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**  
**FEB 26 2021**  
 BY 7900

**Annual Report for the year:** 2021  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 121355		2. Exact name of the Corporation LEISURE COAST FISHERIES, INC.			
3. Principal Office Address 1116 STONY FORT ROAD			City WEST KINGSTON	State RI	Zip 02892
4. NAICS Code 114111		6. Brief description of the character of business conducted in Rhode Island OPERATION OF FISHING BUSINESS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JOHN AINSWORTH			Vice-President Name GEORGE AINSWORTH III		
Street Address 56 WHAT CHEER ROAD APT 2			Street Address 1116 STONY FORT ROAD		
City PROVIDENCE	State RI	Zip 02909	City WEST KINGSTON	State RI	Zip 02892
Secretary Name GEORGE AINSWORTH III			Treasurer Name JOHN AINSWORTH		
Street Address 1116 STONY FORT ROAD			Street Address 56 WHAT CHEER ROAD APT 2		
City WEST KINGSTON	State RI	Zip 02892	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NOT APPLICABLE			Director Name NOT APPLICABLE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NOT APPLICABLE			Director Name NOT APPLICABLE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			8000	COMMON	NO PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative GEORGE AINSWORTH III, VICE PRESIDENT				Date 2/24/21	
Signature of Authorized Representative <i>George Ainsworth, V. Pres.</i>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov