State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
MAR 01 2021
BY: 1078 DS

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	2. Exact name of the Corporation		
00070565	Arnold's Neck Shellfishermen's Cooperative Inc.		
3. Principal Office Address: 130 Lincoln St.	City: North Kingstown	State: RI	Zip: 02852-1220
4. NAICS Code: 336611	6. Brief description of the character of business conducted in Rhode Island: Maintain 20 slip docking facility for 20 Rhode Island licensed commercial fishermen.		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: William Shea			Vice-President Name: Jeffrey Hall		
Street Address: 140 Sunny Cove Dr.			Street Address: 1685 South County Trail		
City: Warwick	State: RI	Zip: 02886-8630	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: Todd McGill			Treasurer Name: Bruce Eastman		
Street Address: 50 Tower Rd.			Street Address: 130 Lincoln St.		
City: West Warwick	State: RI	Zip: 02893	City: North Kingstown	State: RI	Zip: 02852-1220

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Angelo Randall			Director Name:		
Street Address: 12 Stuart Dr.			Street Address:		
City: Coventry	State: RI	Zip: 02816	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	2000	common	none

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.

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.

Name of Authorized Representative	Date
Bruce Eastman	2/28/21

Signature of Authorized Representative: Bruce W. Eastman

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

FORM 630 - Revised: 10/2017