



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 14 2024

13785

1. Entity ID Number 000066835		2. Exact name of the Corporation Quaker Lane Bait & Tackle, LTD												
3. Principal Office Address 4019 Quaker Lane			City North Kingstown	State RI	Zip 02852									
4. NAICS Code 451110		6. Brief description of the character of business conducted in Rhode Island												
5. State of Incorporation RHODE ISLAND		For the retail, wholesale and catalog sales of sport goods and related items.												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Neil W. Hayes			Vice-President Name Neil W. Hayes											
Street Address 4019 Quaker Lane			Street Address 4019 Quaker Lane											
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852									
Secretary Name Neil W. Hayes			Treasurer Name Neil W. Hayes											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Neil W. Hayes			Director Name											
Street Address 4019 Quaker Lane			Street Address											
City North Kingstown	State RI	Zip 02852	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 <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NONE			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	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 NEIL W. HAYES, PRESIDENT					Date 1/31/24									
Signature of Authorized Representative														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov