



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

FILED

FEB 23 2024

BY

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.

1. Entity ID Number 000071848		2. Exact name of the Corporation Sandy Bottom Bait & Tackle, Inc.			
3. Principal Office Address 97 Sandy Bottom Road			City Coventry	State RI	Zip 02816
4. NAICS Code 451110		6. Brief description of the character of business conducted in Rhode Island The sale of bait and tackle at retail, the repair of rods and reels.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David S. Mooney			Vice-President Name David S. Mooney		
Street Address 97 Sandy Bottom Road			Street Address 97 Sandy Bottom Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name David S. Mooney			Treasurer Name David S. Mooney		
Street Address 97 Sandy Bottom Road			Street Address 97 Sandy Bottom Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David S. Mooney			Director Name		
Street Address 97 Sandy Bottom Road			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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		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 David S Mooney					Date 2-20-24
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