RI SOS Filing Number: 202577485910 Date: 8/8/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
AUG 08 2025
BY

Annual Report for the year: 2025
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	2. Exact name of the Corporation			
72958	Narragansett Bay Lobsters, Inc.			
3. Principal Office Address		City	State	Zip
268 Great Island Road		Narragansett	RI	02882
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445220	Shellfish and finfish retail and wholesale			
5. State of Incorporation				
Rhode Island				

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

President Name: Leslie A. Morse			Vice-President Name: Robert S. Mania		
Street Address: 15 Yarmouth Drive			Street Address: 262 Beacon Drive		
City: Westerly	State: RI	Zip: 02891	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: Adam Morse			Treasurer Name: Adam Morse		
Street Address: 268 Great Island Road			Street Address: 268 Great Island Road		
City: Narragansett	State: RI	Zip: 02882	City: Narragansett	State: RI	Zip: 02882

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

Director Name: Leslie A. Morse			Director Name: Adam Morse		
Street Address: 15 Yarmouth Drive			Street Address: 268 Great Island Road		
City: Westerly	State: RI	Zip: 02891	City: Narragansett	State: RI	Zip: 02882
Director Name: Robert S. Mantia			Director Name: None		
Street Address: 262 Beacon Drive			Street Address:		
City: North Kingstown	State: RI	Zip: 02852	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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

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: Adam Morse

Date: 7/29, 2025

Signature of Authorized Representative: Adam Morse

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: 11/2021