



State of Rhode Island

Department of State - Business Services Division

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.

FILED

AUG 08 2025

BY

2025 AUG - 8 2025

1. Entity ID Number 72958		2. Exact name of the Corporation Narragansett Bay Lobsters, Inc.			
3. Principal Office Address 268 Great Island Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 445220		6. Brief description of the character of business conducted in Rhode Island 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		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
		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 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021