



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 163686		2. Name of Corporation Captain John DeWolf Farm, Inc.		
3. Street Address Principal Business Office 125 Hope Street, P.O. Box 420		City Bristol	State RI	Zip 02809
4. Business Phone No. (401) 663-4543		5. State of Incorporation Rhode Island		6. SIC Code 5710
7. Brief Description of the Character of Business Conducted in Rhode Island Real Estate Management and Development				

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Nathanael G. Herreshoff, III			Vice President Name Halsey C. Herreshoff		
Street Address 43 Mayfaire Circle			Street Address 125 Hope Street		
City Westampton	State NJ	Zip 08060	City Bristol	State RI	Zip 02809
Secretary Name Halsey C. Herreshoff, II			Treasurer Name Halsey C. Herreshoff		
Street Address 59 High Street			Street Address 125 Hope Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Nathanael G. Herreshoff, III			Director Name Halsey C. Herreshoff, II		
Street Address 43 Mayfaire Circle			Street Address 59 High Street		
City Westampton	State NJ	Zip 08060	City Bristol	State RI	Zip 02809
Director Name Halsey C. Herreshoff			Director Name None		
Street Address 125 Hope Street			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,000	COMMON NO PAR VALUE		1,000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

File Date: **JAN 22 2008**

Check No. **14049 mnc**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/11/08

Signature of Officer _____ Date _____

Halsey C. Herreshoff

Print or Type Name of Officer _____

Vice President

Title of Officer _____