

OR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 12/06

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2008

Filing Period; January 1 · March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

| * In accordance with R.I.G.L. 7-1<br>law (R.I.G.L. 7-1.2-1501(c&d)) is  | .2-1501(e), each corpo | oration failing or refusin              | g to file its annual report within   | tbirty (30) days after th   | e time prescribed by                                      |
|---|------------------------|---|--|---|---|
| 1. Corporate ID No.   | 2. Name of Corporation |   |  |   |   |
| 116910  | Shirley A              | nn, Inc.                                |  |   |   |
| 3. Street Address Principal Business Office   |                        |   | City   | State   | Zip   |
| 675 Bristol Ferry Road  |                        |   | Portsmouth   | RI  | 02871   |
| 4. Business Phone No.   |                        | 5. State of Incorporation               |  |   |   |
| 401/835-8206  |                        | Rhode                                   | Island   |   |   |
| 6. Brief Description of the Character of Business Conducted in Rhode Island To conduct a fishing business 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC  President Name Luke Wheeler |                        |   | Vice President Name Luke Wheeler Luke Wheeler  |   |   |
| 6/5 Bristol Ferry Road  |                        |   | Street Address 675 Bristol Ferry Road  |   |   |
| City Portsmouth   | State RI               | <sup>Zip</sup> 02871                    | <sup>City</sup> Portsmouth   | State RI  | <sup>24</sup> 02871                                       |
| Secretary Name<br>Luke Wheeler  |                        |   | Treasurer Name<br>Luke Wheeler   |   |   |
| Street Address 675 Bristol Ferry Road   |                        |   | Street Address<br>675 Bristol Ferry Road   |   |   |
| City  | State                  | Zip                                     | City   | State   | Zip   |
| Portsmouth  | RI                     | 02871                                   | Portsmouth   | RI  | . 02871   |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT) Director Name Luke Wheeler   |                        |   | CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name Luke Wheeler                |   |   |
| Street Address<br>675 Bristol Ferry Road  |                        |   | Street Address 675 Bristol Ferry Road  |   |   |
| Cuy<br>Portsmouth   | State<br>RI            | <i>Σφ</i><br>02871                      | City<br>Portsmouth   | State<br>RI   | 210<br>- 02871  |
| Director Name   |                        | *************************************** | Dtrector Name  |   | $\ddot{\dot{U}}$  |
| Street Address  |                        |   | Street Address   |   |   |
| City  | State                  | Zip                                     | City   | State   | Zip   |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  |                        |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED |   |   |
| Number of Shares  | Class/Series           | Par Value.                              | Number of Shares   | Class/Series  | Par Value   |
| 8,000 \$.01 Par   | Value                  |   | 8,000  | Common  | No par  |
|   |                        |   | THE SECTION  |   |   |
| This report must be executed of this report must be executed of   |                        |   | or trustee.<br>Under penalty of perjury,   | I declare and affirm that I may be schedules and stateme and correct. | have examined this report<br>nts, and that all statements |
| File DateELLED  |                        |   | Signature  | LUL OB  | Date  |

Luke Wheeler

Print or Type Name President

Title