

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

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is

subject to a penalty fee of \$25.00.	1 1 9 1 (L), talen en portenos.	yanning or regarding an year als arm	man report were the try (90) days a	ijar une ume preservoca by mu s	
1. Corporate ID No. 000110858	2. Name of Corporation F/V JEANNE MARIE, LTD.				
3. Street Address Principal Business Office 1216 WEST SIDE ROAD P O BOX 751			BLOCK ISLAND	State RI	<sup>Zip</sup> 02807
4. Business Phone No. 401-466-2833		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Characte To engage in any and all f					
7. NAMES AND ADDRESSE President Name	S OF THE OFFICERS	6: ("X" BOX FOR ATTA	CHMENT) FILL IN SPA	ACES BEFORE USING A	TTACHMENTS
Joseph A Fallon			Rachele M Fallon		
Street Address West Side Road			Street Address West Side Road		
City Block Island	State Rhode Island	<sup>Zip</sup> 02807	Ctty Block Island	State Rhode Island	<sup>Zip</sup> 02807
Secretary Name Rachele M Fallon			Treasurer Name Joseph A Fallon		
Street Address West Side Road			Street Address West Side Road		
City Block Island	State Rhode Island	<sup>Zip</sup> 02807	City Block Island	State Rhode Island	<sup>Zip</sup> 02807
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name NONE			ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Ζip
9. SHARES AUTHORIZED		I	10. SHARES ISSUED (*) ISSUED SHARES — THIS SECTI	 "X" BOX FOR ATTACHI ION <u>Must</u> be completed	MENT)
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100 No Par Value		
This report must be executed this report must be executed				poration is in the hands of	of a receiver or trustee,
					t I have examined this report ments, and that all statement
File Date <b>FILED</b>			contained herein are		7 2/6/09
Chec FEB 1 2 2009			Signature Date M Fallon		
"By_34)	2		Print or Type Name		
FOR SECRETARY OF S	TATE USE ONLY			1914	

Corporate I D No 110858 Name of Corporation F/V JEANNE MARIE, LTD.

Secretary Name - Jeanne Marie Fallon

Street Address - West Side Road

City - Block Island State - Rhode Island

Zip - 02807

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