RI SOS Filing Number: 200942414600 Date: 02/17/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • ** 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. Corporate ID No.	2. Name of Corporation			
3500	CAP,Inc.			
3. Street Address Principal Business Office		City	State	Zip
769 North Main Road		Jamestown	Rhode Island	02835
4. Business Phone No.	5. State of Incorporation			
(401) 423-2741	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Business of procuring fish and other products of the sea.

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

President Name	Street Address	City	State	Zip
Paul N. Harvey	769 North Main Road	Jamestown	Rhode Island	02835

Vice President Name	Street Address	City	State	Zip
Wendy S. Harvey	769 North Main Road	Jamestown	Rhode Island	02835

Secretary Name	Street Address	City	State	Zip
Wendy S. Harvey	769 North Main Road	Jamestown	Rhode Island	02835

Treasurer Name	Street Address	City	State	Zip
Paul N. Harvey	769 North Main Road	Jamestown	Rhode Island	02835

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

Director Name	Street Address	City	State	Zip
Paul N. Harvey	769 North Main Road	Jamestown	Rhode Island	02835

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED
600 No Par

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
600	Common	No Par

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.

[redacted]

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.

Paul N Harvey — *Signature* — 1/20/09 — *Date*

Paul N. Harvey — *Print or Type Name*

President — *Title*

[redacted]

File Date FILED
Check No. FEB 17 2009
By: By
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31250-5-348370

Form 630 Rev. 08/08