



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

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. Corporate ID No. 157137		2. Name of Corporation C-Devil II Sportfishing, Inc.			
3. Street Address Principal Business Office 331 Burdickville Road			City Charlestown	State RI	Zip 02813
4. Business Phone No. 401-364-9774		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Charter Sport Fishing Business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kelly Smith			Vice President Name Lynn Smith		
Street Address 331 Burdickville Road			Street Address 331 Burdickville Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Kelly Smith			Treasurer Name Lynn Smith		
Street Address 331 Burdickville Road			Street Address 331 Burdickville Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kelly Smith			Director Name Lynn Smith		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name n/a			Director Name n/a		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	\$0.01 Par Value		100	common	\$0.01 par value

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.

FILED

File Date **FEB 18 2009**
Check No. **57 1193**
By: _____

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 _____ Date **2-10-09**

Kelly Smith

Print or Type Name

President

Title