

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 401.222.3 Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * in accordance with R.I.G.L. 7-6-94. each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a parallel for \$65.500 401.222,3040

| 1 | T | | | | |
|---|---------------------|---|--|---------------------|-------------------------------|
| F Corporate ID No. 40533 | | en Fisherman's | Docking Associa | tion | |
| 3. State of Incorporation Rhode Island | | n Rhode Island - Street Addr .com Avenue | ess | City Warr | en 2885 |
| 5. Foreign corporation. Enter principal office address | | | СПу | State | Zip |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Is | | | Island | | <u> </u> |
| Association re | lated to the | fishing trade | <u>:</u> | | |
| | | | | FS REFORE HEIN | C ATTACTESCENTO |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACK President Name John Hunt | | | Vice President Name Michael D'Albergaria | | |
| Sircel Address 15 Barker Avenue | | | Street Address State Street | | |
| Warren | State RI | ^{Ζip} 02885 | CHy Warren | State RI | ^{Zip} 02885 |
| Secretary Name Thomas Drainville | | | Treasurer Name Ignatius Delekta, Jr. | | |
| Street 141 Fatima Drive | | | Sired Addre 38 Maple Street | | |
| Warren | State RI | ^{Zip} 02885 | City Warren | State RI | ^{Zip} 02885 |
| 8. NAMES AND ADDRESSE | S OF THE DIRECT | ORS: ("X" BOX FOR ATT | ACHMENT) TILL IN SPACE | CES BEFORE USIN | IG ATTACHMENTS |
| THE NUMBER OF DIRECT | ORS OF A DOMES | TIC (RHODE ISLAND) | CORPORATION SHALL | NOT BE LESS THA | AN THREE (3). R.I.G.L. 7-6-23 |
| John Hunt | | | Director Name | Delekta, J | , !; |
| Street Address See Above | | | Street Address See Above | | |
| City | State | Zip | Сцу | State | 74N 0 |
| Director Name Thomas Drainville | | | Director Name | | 0 20 00 2 0 0 2 0 |
| Street Address See Above | | | Street Address 5 0 0 0 | | |
| $C\mathcal{U}_{\Gamma}$ | State | Zip | City | State | Z/O " |
| 9. REGISTERED AGENT IN | RHODE ISLAND - | 1 DO NOT ALTER - Cha | .' nges require filing of Fo | rm 641 - R G | 7.6.12 / 7 6 70 |
| Robert J. Heale | y, Jr Ati | torney at Law | Addre6665 Metacom | Avenue | /-0-1 <i>5</i> / /-0-/8 |
| Address | | | City Warren, RI | | ^{ZIP} 02885-2346 |
| This report must | be signed by sither | the President Vice Bu | | | |

dent, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

| | Under penalty of perjury, I d report, including any accomp statements contained herein a |
|--------------------------|--|
| File Date FILED | Statements contained nerein a |
| FEB 2 0 2009 | To ative F. K. Prili or Type Name of Officer |
| By STARY OF THE USE ONLY | Treasurer |
| /- | Title of Officer |

leclare and affirm that I have examined this panying schedules and statements, and that all