



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 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. 7-1.2-1501(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. 85024		2. Name of Corporation LaBore Corporation			
3. Street Address Principal Business Office 5687 Post Road			City East Greenwich	State RI	Zip 02818
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the sale of seafood and related products					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Wayne A. LaBore, Jr.			Vice President Name		
Street Address 37 Winterberry Drive			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
Secretary Name Anthony LaBore			Treasurer Name Anthony LaBore		
Street Address 107 Pettaquamscutt Lake Road			Street Address 107 Pettaquamscutt Lake Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Wayne A. LaBore, Jr.			Director Name Anthony LaBore		
Street Address 37 Winterberry Drive			Street Address 107 Pettaquamscutt Lake Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common	\$1.00	100	Common	\$1.00
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	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.

File Date **FILED**  
Check No. **FEB 23 2009**  
By: **081669 10:58**  
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 **Wayne A. LaBore Jr.** Date **3/12/08**  
Print or Type Name **WAYNE A. LABORE JR.**  
Title **PRES**