

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 within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cod)) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 116027	2. Name of Corporation F/V DONA MARIA, INC.					
3. Street Address Principal Business Office 336 MAIN STREET			WAKEFIELD	State RI	<sup>Zip</sup> 02879	
4. Business Phone No. 5. State of Incorporation. (401) 789-1037 RHODE ISLAND			Commence of the commence of th			
6. Brief Description of the Character of OWNERSHIP AND OPERA			EXPOITATION AND MAR	RKETING		
7. NAMES AND ADDRESSES President Name CLARKE A. REPOSA, SF		("X" BOX FOR ATTA	CHMENT)   FILL IN S : Vice President Name : NONE	PACES BEFORE USING	ATTACHMENTS	
Street Address 458 WOODRUFF AVENUE			Street Address			
WAKEFIELD	State RI	<sup>Zip</sup> 02879	Сйу	State	Zip	
Secretary Name CLARKE A. REPOSA, SR			Treasurer Name CLARKE A. REPOSA, SR			
Street Address 458 WOODRUFF AVENU			Street Address 458 WOODRUFF AVENUE			
City WAKEFIELD	State RI	<sup>Zip</sup> 02879	City WAKEFIELD	State RI	<sup>Zip</sup> 02879	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT		SPACES BEFORE USIN	G ATTACHMENTS	
Director Name NONE			Director Name NONE			
Street Address			Street Address			
City	State	Zip	Сиу	State	Zip	
Director Name NONE			Director Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED				("X" BOX FOR ATTACE TION <u>MUST</u> BE COMPLETED		
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	
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This report must be executed	on behalf of the corp	oration by an authorize	d representative. If the co	orporation is in the hand:	of a receiver or trustee.	

this report must be executed on behalf of the corporation by the receiver or trustee.

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contained herein age true	e and correct.	, ,	
Clocka Ry		2/21/09	
ignature		Date	
CLARKE A. RE	POSA, SR		
Print or Type Name			
PRESIDENT			