

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

Filling Period: January 1 - March 1 • Filling 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 white to a small refer of \$535.00

subject to a penalty fee of \$25.00.								
1. Corporate ID No. 157199		2. Name of Corporation KISSICK FISHERIES, INC.						
3. Street Address Principal Business Office 52 TWIN LEAF TRAIL			City SAUNDERSTOWN	State RI	<sup>Zip</sup> 02874			
4. Business Phone No.         5. State of Incorporation           (401) 294-9104         RHODE ISLAND								
6. Brief Description of the Charact TO ENGAGE IN ANY AN	D ALL FACETS	OF THE COMMERCIAL						
7. NAMES AND ADDRESS President Name	es of the offi	CERS: 7"X" BOX FOR A	TTACHMENT) THILIN SP.	ACES BEFORE USING	ATTACHMENTS			
DOUGLAS KISSICK				MARY ANN KISSICK				
Street Address 52 TWIN LEAF TRAIL			Street Address 52 TWIN LEAF TRAIL	Street Address 52 TWIN LEAF TRAIL				
SAUNDERSTOWN	Siate RI	<sup>Zip</sup> 02874	City SAUNDERSTOWN	State RI	<sup>Zip</sup> 02874			
Secretary Name MARY ANN KISSICK			Treasurer Name DOUGLAS KISSICK	1 1.707.707.707.				
Street Address 52 TWIN LEAF TRAIL			Street Address 52 TWIN LEAF TRAII	Street Address 52 TWIN LEAF TRAIL				
City SAUNDERSTOWN	State RI	<sup>Zip</sup> 02874	City SAUNDERSTOWN	State RI	<sup>Zip</sup> 02874			
8. NAMES AND ADDRESS Director Name NONE	ES OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENT) THE IN S  Director Name  NONE	PACES BEFORE USIN	g attachments			
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name NONE			Director Name NONE	:				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
9. Shares authorized			10. SHARES ISSUED (	***************************************				
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.			Mumbar of Chave	Class/Series	Par Value			
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this report must be executed on behalf of the corporation by the receiver or trustee.

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Under penalty of perjury, I declare and affirm that I have including any accompanying schedules and statements, a contained herein are frue and correct.	
Signature Date	
DOUGLAS KISSICK	
Print or Type Name	
PRESIDENT	· · · · · · · · · · · · · · · · · · ·
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Form 630 Rev. 08/08