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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. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 91747 | SLACKER SEAFOODS, INC. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 12 SCALLOP SHELL ROAD | | NARRAGANSETT | RI | 02882 |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| (401) 588-2111 | RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | |
| COMMERICAL FISHING INDUSTRY | | | | |

**7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | | | Vice President Name | | |
|---|---|---|---|---|---|
| TIMOTHY L. CHAMPLIN | | | NONE | | |
| Street Address | | | Street Address | | |
| P.O. BOX 3301 | | | | | |
| City | State | Zip | City | State | Zip |
| NARRAGANSETT | RI | 02882 | | | |
| Secretary Name | | | Treasurer Name | | |
| TIMOTHY L. CHAMPLIN | | | TIMOTHY L. CHAMPLIN | | |
| Street Address | | | Street Address | | |
| P.O. BOX 3301 | | | P.O. BOX 3301 | | |
| City | State | Zip | City | State | Zip |
| NARRAGANSETT | RI | 02882 | NARRAGANSETT | RI | 02882 |

**8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| NONE | | | NONE | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |
| Director Name | | | Director Name | | |
| NONE | | | NONE | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

**9. SHARES AUTHORIZED**

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.

**10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES -- THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 600 | COMMON | NO PAR VALUE |
| THIS SECTION MUST BE COMPLETED | | |

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.

[redacted] [redacted]

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.

Timothy L. Champlin — 3/3/09
*Signature* *Date*

TIMOTHY L. CHAMPLIN
*Print or Type Name*

PRESIDENT
*Title*

[redacted]

*File Date* FILED
*Check No.* MAR 05 2009
*By:* By 2691
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