

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

1. Corporate ID No. 43196		2. Name of Corporation C. E. H., INC.					
3. Street Address Principal Business Office 120 Chestnut Avenue		City Narragansett	State RI	Zip 02882			
4. Business Phone No. 5. State of Incorporation Rhode Island							
6. Brief Description of the Cha Commercial fishing	tracter of Business Cond	lucted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name T. Brian Handrigan Street Address 120 Chestnut Avenue			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Timothy D. Handrigan Street Address 80 Henry Case Way				
						City Narragansett	State RI
Secretary Name Г. Brian Handrigan			Treasurer Name Grace M. Handrigan				
Street Address 120 Chestnut Avenue			Street Address 120 Chestnut Avenue				
City Narragansett	State RI	^{Zijp} 02882	City Narragansett	State RI	<i>Zip</i> 02882		
B. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name T. Brian Handrigan			TACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Grace M. Handrigan				
Street Address 120 Chestnut Avenue			Street Address 120 Chestnut Avenue				
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882		
Director Name Timothy D. Handrigan			Director Name Corena Handrigan				
Street Address 80 Henry Case Way			Street Address 80 Henry Case Way				
South Kingstown S SHARES AUTHORIZE	State RI BD	^{Zip} 02879	City South Kingstown 10. SHARES ISSUED (ISSUED SHARES — THIS SECT	State RI "X" BOX FOR ATTAC	Zip 02879 (HMENT) □		
This information is curr	s information is currently of record in the Office of the Secretary of		Number of Shares	Class/Series	Par Value		
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	common	no par		
			·	A. C.			
his report must be exec	uted on behalf of t	he corporation by an authorize te corporation by the receiver of	d representative. If the cor	poration is in the hand	s of a receiver or trus		

File Date	3-5-09
Check No.	3125
Ву:	MNC
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and af	ffirm that I have examined this repo	rt.
including any accompanying schedules a	and statements, and that all statemen	nts
contained herein are true and correct.		160
	. 1 / -	

T. Brian Handrigan

Print or Type Name

President Title