

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.

32835	V & G Sea Products, Inc.					
. Street Address Principal Business Office 41 Jeremy Drive		^{Сиу} East Lyme	State CT	^{Zip} 06333		
Business Phone No. 5. State of Incorporation Rhode Island						
Brief Description of the Character of th	cial fishing vessel					
NAMES AND ADDRESSES	OF THE OFFICERS	S: ("X" BOX FOR ATTAC	CHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name Joel Lizza Street Address 41 Jeremy Drive			Vice President Name Joel Lizza			
			Street Address 41 Jeremy Drive			
						ast Lyme
cretary Name Del Lizza				Treasurer Name Jeol Lizza		
Street Address 41 Jeremy Drive			Street Address 41 Jeremy Drive			
uy East Lyme	State CT	^{Zip} 06333	City East Lyme	State CT	06333	
. NAMES AND ADDRESSES	OF THE DIRECTO	ORS: ("X" BOX FOR ATT	ACHMENT) FILL I	IN SPACES BEFORE USIN	G ATTACHMENTS	
irector Name			Director Name			
oel Lizza			Street Address			
reet Address			Street Address			
1 Jeremy Drive	- C	700	City	State	Zip	
uy	State	Ζiφ 06333	Cay			
ast Lyme	.J.C.I	1.00000	Director Name	,		
Director Namb						
treet Aldrigss 'V'			Street Address			
>58 E						
#y LJ	State	Ζip	City	State	Zip	
Charge At				n carri nov son trest	OTTARENT)	
D. SHANGE AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED SHARES — THIS SECTION MUST BE COMPLETED			
				Class/Series	Par Value	
This information is urrently of record in the Office of the Secretary of State. Thanges require an additional filing. See Section 9 of instruction sheet.			Number of Shares			
			100	CNP	0.00	
			od representative If the	corneration is in the har	ds of a receiver or trusted	
This report must be executed his report must be executed	d on behalf of the c	corporation by an authoriz	or trustee.	corporation is in the nat	ads of a rocorrer or aresto.	
nis report must be executed	on behan or the ex	siporation by the receiver	or trustee.			
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			I I - don lt	of perjury, I declare and affire	n that I have examined this i	
			including any a	ccompanying schedules and	statements, and that all state	
	FII FI			n are true and correct.	/ /	
				Love Linna	12/28/09	
File Date	DEC 2 8 2009	T	Signature	1/1	Date	
Check No.	\sim			J UU		
Check Ivo.	y /		Joel Lizza Print or Type No	ima		
Ву:	1010	<u> </u>				
FOR SECRETARY OF S	TATE (ISE ONLY	0 /	President			
TOR SECRETARI OF S	IL ODE ONE!		Title		Form 630 Rev. 08/6	