

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

101.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2010

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.I., 7-1 subject to a penalty fee of \$25.00.	1.2-1501(c), each corp.	oration failing or refusing to file its	annual report within thirty (30) days a	ifter the time prescribed by l	nv (R.I.G.I., 7-1.2-1501(c&d)) is	
1. Corporate II) No. 35081	2. Name of Cor DIVERSIF	2. Name of Corporation DIVERSIFIED FISHERIES				
3. Street Address Principal Business Office 18 ZACHARY BEND			CHARLESTOWN	State RI	02813	
4. Business Phone No. 401-364-0228 5. State of Incorpora			п			
6. Brief Description of the Charac Fisheries Business	ter of Business Condu	cted in Rhode Island	##u			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT President Name JOHN T. FLANAGAN			Vice President Name LUCIE A. FLANAGAN			
Street Address 18 ZACHARY BEND			Street Address 18 ZACHARY BEND			
CHARLESTOWN	State RI	^{Zip} 02813	CHARLESTOWN	State RI	^{Zip} 02813	
Secretary Name LUCIE A. FLANAGAN			Treasurer Name JOHN T. FLANAGAN			
Street Address 18 ZACHARY BEND			Street Address 18 ZACHARY BEND			
CHARLESTOWN	State RI	^{Ζφ} 02813	CHARLESTOWN	State RI	^{Zip} 02813	
8. NAMES AND ADDRESS Director Name none	SES OF THE DIR	ECTORS: ("X" BOX FOR A	ATTACHMENT) [FILL IN S Director Name	PACES BEFORE USIN	NG ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	Сііу	State	Zip	
9. SHARES AUTHORIZED 1000				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST 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.			of Number of Shares	Class/Series	Par Value	
			200	common	no par value	
		he corporation by an authorie corporation by the receiv	rized representative. If the coreer or trustee.	poration is in the hand	ds of a receiver or trustee,	

File Date	FILED		
Check No.	JAN 25 2010		
Ву:	By 3071		
F	OR SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and affire	n that I have examined this repor
including any accompanying schedules and	statements, and that all statement
contained herein are true and correct.	,
Oh T. Elan	1/20/10

John T. Flanagan

Print or Type Name

President

Signature