

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 2010

4

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 trescribed by law (R.I.G.L. 7-1.2-150).

18439	Huntress,	2. Name of Conjugation Huntress, Inc.			
3. Street Address Principal Business Office 100 Davisville Pier			City North Kingstown	State RI	Ζψ 02852
(401) 295-0456 RI					02052
6. Brief Description of the Commercial Fishing	Character of Business Condu	icted in Rhode Island		<u> </u>	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT President Name Richard G. Goodwin			TACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Richard G. Goodwin		
Street Address 461 Gooseberry Road			Street Address Same		
Wakefield	State RI	^{Zip} 02879	City	State	Zip
Secretary Name Richard G. Goodwin			Treasurer Name Richard G. Goodwin		
Street Address Same as above			Street Address Same		
City	State	Zip	Сиу	State	Zip
8. NAMES AND ADD	RESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	: TACHMENT) [FILL IN S	j PACES BEFORE USII	NG ATTACHMENTS
Richard G. Goodw			Director Name		NO MENORIMENTS
			Director Name Street Address		THE
Richard G. Goodw Street Address		Zip	Director Name	State	Zip
Richard G. Goodw Street Address Same as above	in		Street Address		
Richard G. Goodw Street Address Same as above City	in		Street Address City		
Richard G. Goodw Street Address Same as above City	in		Street Address City Director Name		
Richard G. Goodw Street Address Same as above City Director Name Street Address City D. SHARES AUTHORIZ	State State	Zip Zip	Street Address City Director Name Street Address City 10. SHARES ISSUED (**	State State State X** BOX FOR ATTAC.	Zip Zip HMENT) □
Richard G. Goodw Street Address Same as above City Director Name Street Address City D. SHARES AUTHORIZ This information is cu	State State State Trently of record in the	Zip Zip	Street Address City Director Name Street Address City	State State State X** BOX FOR ATTAC.	Zip Zip HMENT) □
Richard G. Goodw Street Address Same as above City Director Name Street Address City D. SHARES AUTHORIZ	State State	Zip Zip	Street Address City Director Name Street Address City 10. SHARES ISSUED (** ISSUED SHARES — THIS SECTION	State State State X" BOX FOR ATTAC. ON MUST BE COMPLETED	Zip Zip HMENT)

this report must be executed on behalf of the corporation by	the receiver or trustee.		
FILED	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements		
File Date MAR 0.9 2010	contained herein are true and correct. Signature Date		
By 348	Richard G. Goodwin Print or Type Name		
FOR SECRETARY OF STATE USE ONLY	President Title		
	Form 630 Rev. 08/08		