

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

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.

76309 J. C. GREENE FISHING, INC.  3. Street Address Principal Business Office			City	State	1 con	
115 AARON AVENUE  4. Business Phone No.			BRISTOL	RHODE ISLAND	<sub>Zip</sub> 02809	
401-253-8964 RHODE ISLAND						
6. Brief Description of the Char To own, operate, run a	ucter of Business Condu	ucted in Rhode Island siness of procuring fresh fish	abalitata and all			
. NAMES AND ADDRE	SSES OF THE OFF	ICERS. C"Y" ROY FOR ATT.	, sneimsn and other pr	roducts of the sea. N SPACES BEFORE USING AT		
		TOURS. (A BOX FOR ATTA	: Vice President Name	N SPACES BEFORE USING ATT	TACHMENTS	
Jonathan C. Greene			Joan Greene			
Street Address 115 Aaron Ave			Street Address 115 Aaron Ave			
City Bristol, RI 02809	RI RI	<sup>Хір</sup> 02809	City Bristol	State RI	<sup>Zip</sup> 02809	
Secretary Name Charles Greene			Treasurer Name Jonathan C. Greene			
Street Address 115 Aaron Ave			Street Address 115 Aaron Ave			
City Bristot	State RI	02809	Gtty Bristol	State RI	<sup>Zip</sup> 02809	
. NAMES AND ADDRES	SES OF THE DIRE	CTORS: ("X" BOX FOR ATT	: TACHMENT) [☐ FILL	IN SPACES BEFORE USING AT	TACHMENTS	
Director Name  Jonathan C. Greene			Director Name	DAL ORE USING A)	IACHMEN 15	
Bircet Address			Charles Greene			
115 Aaron Ave			Street Address 115 Aaron Ave			
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Bristol	RI	02809	Bristol	State R I	<i>Ζip</i> <b>02809</b>	
Director Name Joan Greene					[02009	
treet Address	<del></del>		NONE			
15 Aaron Ave			Street Address			
ny Bristol	State RI	Ζίρ <b>02809</b>	City	State	Zip	
. SHARES AUTHORIZED	, I	l	10 SHARES ROSSES	) (#22" nov no	1	
1,000 C	OMM NO	PAR VALUE	ISSUED SHARES THIS C	O ("X" BOX FOR ATTACHME. ECTION MUST BE COMPLETED	V <i>T</i> ) [	
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.			Number of Shares	Class/Series	Par Value	
			1	Common		
			<u> </u>	Common	no par value	
his report must be execu	ted on behalf of the	cornoration by an authorica	d representation 10 d	corporation is in the hands of a		
is report must be execut	ed on behalf of the	corporation by the receiver o	or trustee,	corporation is in the hands of a	receiver or trustee,	
			Under penalty of	perjury, I declare and affirm that I h	have examined this exam	
<u> </u>		_	including any acc	ompanying schedules and statemer	its, and that all statemen	
ile DateFIFD			contained herein a	are true and correct.	フーマノー	
-FILEU		— <b> </b>	Jon	attran C./	reese	
	Ω		Signature		Date	
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W: By /// FOR SECRETARY OF	27	_				