

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 2011

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.

1. Corporate ID No. 104640	2. Name of Corporation CAPTAIN FRANCES, INC.				
3. Street Address Principal Business Office 133 Old Tower Hill Road, Ste. 1			City Wakefield	State RI	^{Zip} 02879
4. Business Phone No. 5. State of Incorporation Rhode Island			,		100
6. Brief Description of the Character of To own and operate a chart		bode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Francis W. Blount, Jr.			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Christine Blount		
Street Address PO Box 3724			Street Address PO Box 3724		
City Peace Dale	State RI	<i>гір</i> 02883	City Peace Dale	State RI	^{Ζiμ} 02883
Secretary Name Christine Blount			Treasurer Name Francis W. Blount, Jr.		
Street Address PO Box 3724			Street Address PO Box 3724		
Peace Dale	State RI	^{Zip} 02883	City Peace Dale	State RI	^{Zip} 02883
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Christine Blount			Director Name Francis W. Blount, Jr.		
Street Address PO Box 3724			Street Address PO Box 3724		
City Peace Dale Director Name	State RI	_{Zip} 02883	City Peace Dale Director Name	State RI	2ip 02883
Street Address			Street Address		
City	State	Zip	Сйу	State	Zip
9. SHARES AUTHORIZED			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.			Number of Shares	Class/Series	Par Value
			100	Common	No Par
This report must be executed				corporation is in the hand	s of a receiver or trustee,
this report must be executed of	on benaif of the corpo	ration by the receiver of			
FILE	D		including any acco		that I have examined this report atements, and that all statemen
File Date FEB 01 Check No. By	2011 NC		Signature UNStrue	Rlownt	i [19]]/ Date
By:	63		Print or Type Name	1	
FOR SECRETARY OF STA	TE USE ONLY		Title	J	Form 630 Rev. 08/08