



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2611
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. <u>0260</u>		2. Name of Corporation <u>WALLABY FISHERIES INC.</u>	
3. Street Address Principal Business Office <u>80 HALF MOON TRAIL</u>		City <u>WAKEFIELD</u>	State <u>RI</u>
4. Business Phone No. <u>(401) 789-2371</u>		5. State of Incorporation <u>RI</u>	
6. Brief Description of the Character of Business Conducted in Rhode Island <u>CONTRACTING</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>TREVOR R. DALEY</u>		Vice President Name <u>CHRISTINE K DALEY</u>	
Street Address <u>80 HALF MOON TRAIL</u>		Street Address <u>80 HALF MOON TRAIL</u>	
City <u>WAKEFIELD</u>	State <u>RI</u>	City <u>WAKEFIELD</u>	State <u>RI</u>
Zip <u>02879</u>		Zip <u>02879</u>	
Secretary Name <u>CHRISTINE K. DALEY</u>		Treasurer Name <u>TREVOR R. DALEY</u>	
Street Address <u>80 HALF MOON TRAIL</u>		Street Address <u>80 HALF MOON TRAIL</u>	
City <u>WAKEFIELD</u>	State <u>RI</u>	City <u>WAKEFIELD</u>	State <u>RI</u>
Zip <u>02879</u>		Zip <u>02879</u>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares <u>600</u>	Class/Series <u>NO PAR VALUE</u>
			Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Trevor R. Daley Date 3-17-11
Print or Type Name TREVOR R. DALEY (PRES)
Title PRESIDENT

FILED

File Date _____

Check No. MAR 21 2011

By: 38/

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