

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.

1. Corporate ID No. 541893	2. Name of Co. Titan Fish	2. Name of Corporation Titan Fisheries, Inc.				
3. Street Address Principal Business Office 100 Davisville Pier			North Kingstown	State RI	Ζψ 028 5 2	
i. Business Phone No. 5. State of Incorporation (401) 295-0456 RI					, , , , , , , , , , , , , , , , , , , ,	
S. Brief Description of the Characte Commercial Fishing					***	
	S OF THE OFF	ICERS: ("X" BOX FOR ATTA		ACES BEFORE USING	ATTACHMENTS	
President Name Glenn R. Goodwin			Vice President Name Kyle Goodwin			
Street Address 149 Edge Farm Road			Street Address 10 Narragansett Avenue			
ाहर Wakefield	State RI	^{Ζip} 02879	Сиу Newport	State RI	^{Zip} 02840	
Secretary Name Kyle Goodwin			Treasurer Name Glenn R. Goodwin			
Street Address Same as above			Street Address Same as above			
City	State	Zip	City	State	Zip	
3. NAMES AND ADDRESSE Director Name None	S OF THE DIR	ECTORS: ("X" BOX FOR ATT	ACHMENT) TELL IN S Director Name	SPACES BEFORE USIN	I IG ATTACHMENTS	
Street Address			Street Address			
Жу	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
Эцу	State	Zip	City	State	Zip	
. 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	
			200	Common	\$1.00 par valu	
This report must be execute	d on behalf of t	he corporation by an authorize	d representative. If the cor	poration is in the hand	s of a receiver or trust	

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 DateMAR 3 1 2011	contained herein are true and correct. Signature Date
Check No. By: The control of the	Glenn R. Goodwin Print or Type Name President
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08