STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 31805

2. Name of Corporation Tidewater Terminal, Inc.

3. Street Address Principal Business Office 242 Allens Avenue

City Providence *State* RI *Zip* 02905

4. Business Phone No. (401) 467-3730

5. State of Incorporation RHODE ISLAND

6. SIC Code 5538

7. Brief Description of the Character of Business Conducted in Rhode Island

Rental of real estate and investments

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

President Name David A. Cohen
Street Address 431 Cole Avenue
City Providence *State* RI *Zip* 02906

Vice President Name Joel H. Cohen
Street Address 56 Laurel Avenue
City Providence *State* RI *Zip* 02906

Secretary Name Joel H. Cohen
Street Address See Above
City *State* *Zip*

Treasurer Name Joel J. Cohen,
Street Address See Above
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name David A. Cohen
Street Address See Above
City *State* *Zip*

Director Name Joel H. Cohen
Street Address See Above
City *State* *Zip*

Director Name Russell Cohen
Street Address 8 Brown Street
City Narragansett *State* RI *Zip* 02882

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
4,100 NO PAR VALUE		
100	Common A	No Par Value
4,000	Common B	No Par Value

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
33 1/3	Common A	No Par Value
1,512 1/3	Common B	NO Par Value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 3 1 8 0 5 *

File Date: FILED

Check No.: JAN 25 2002

By: By CC1168

FOR SECRETARY OF STATE USE ONLY

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.

David A Cohen, Pres. 1-21-02
Signature of Officer *Date*

David A. Cohen
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01