

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 2012 401.222.30

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.	2. Name of Corporation			-	
92600 A & F CHARTER SERVICES, INC.					
3. Street Address Principal Business Office 22 TYLER POINT ROAD 4. Business Phone No.			BARRINGTON	State RI	<sup>Zip</sup> 02806
401-245-6121 RHODE ISLAND					
6. Brief Description of the Character CHARTER BOAT SERVIC	of Business Conducted in 16 ES	Phode Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	<i>(CHMENT)</i>   FILL IN SP	ACES BEFORE USING	ATTACHMENTS
ALFRED C. ELSON			Vice President Name FREDERIC C. ELSON		
Street Address			Street Address		
22 TYLER POINT ROAD  City State Zip			9 BARTON AVENUE		
BARRINGTON Secretary Name	RÍ	02806	Edity BARRINGTON	State RI	02806
ALFRED C. ELSON			FREDERIC C. ELSON		
Street Address 22 TYLER POINT ROAD			Street Address		
City State Zip			9 BARTON AVENUE  City State Ziti		
BARRINGTON	RI	02806	BARRINGTON	RI	02806
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMEN  Director Name					
ALFRED C. ELSON			FREDERIC C. ELSON		
Street Address			Street Address		
22 TYLER POINT ROAD  City State Zip			9 BARTON AVENUE		
BARRINGTON	RI	02806	BARRINGTON	State RI	Ζφ 02806
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	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
			200	COMMON	NO PAR VALUE
This report must be executed	on behalf of the corpo	oration by an authorize	d representative. If the corr	poration is in the hands	of a receiver or trustee
this report must be executed of	on behalf of the corpo	ration by the receiver of	or trustee.		a a section of musico,
			Under penalty of pari	uru I daalara and affirm th	nat I have examined this report,
r			including any accomp	panying schedules and stat	ements, and that all statements
contained herein are true and correct.					110-1
JAN 2	27 201		Signature Date		
Check No.			ALFRED C. ELSON		
By:			Print or Type Name		
FOR SECRETARY OF STA	TE USE ONLY		PRESIDENT		
3, 31,			Title		Form 630 Rev. 08/08