

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
Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

148207	2. Name of Corporation F/V Deliberate, Inc.				
3. Street Address Principal Business (49 Country Drive	Office .		City Charlestown	State RI	^{Zip} 02813
4. Business Phone No. 5. State of Incorporation (401) 364-0161 RHODE ISLAND				02813	
6. Brief Description of the Character To purchase, lease and/or r	ent vessels o	f all kinds; to operate such ve	essels in the fishing indu	ustry.	
7. NAMES AND ADDRESSES President Name	OF THE OFF	ICERS: ("X" BOX FOR ATTA	(CHMENT) FILL IN	SPACES BEFORE USING	G ATTACHMENTS
Arthur Smith			Vice President Name		
Street Address 49 Country Drive			Arthur Smith Street Address 49 Country Drive		
cur Charlestown	State RI	7.ip 02813	City Charlestown	State RI	^{Ζip} 02813
Secretary Name Arthur Smith			Treasurer Name Arthur Smith		
Street Address 49 Country Drive			Street Address 49 Country Drive		
Charlestown	State RI	^{Zip} 02813	City Charlestown	State RI	Zip 02813
3. NAMES AND ADDRESSES Director Name	OF THE DIRE	ECTORS: ("X" BOX FOR ATI	ACHMENT) FILL I	N SPACES BEFORE USIN	NG ATTACHMENTS
Arthur Smith			Director Name		
Street Address			Street Address		
19 Country Drive					
୍ୟାy Charlestown	State RI	<i>π</i> φ 02813	City	State	Zip
Director Name	T.::		Director Name		
treet Address			Street Address		
Hy	State	Zip	City	State	Zip
. SHARES AUTHORIZED	i	I	10. SHARES ISSUED	("X" BOX FOR ATTAC	 'HMENT\ □
			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 value
his report must be avacut-1	on habite ro				
is report must be executed o	n behalf of the	e corporation by an authorized corporation by the receiver of	d representative. If the c	orporation is in the hand	Is of a receiver or trust
		1	water,		
			Under penalty of p	erjury, I declare and affirm	that I have examined this
	-		including any acco	impanying schedules and sta	atements, and that all state
ile Date	- -	İ	contained herein as	re true and correct.	1. 1
	2012		Signature	(Brusch)	1/24/2012
IAN 21	#O 1#	į	N. W. WHILE		/ Date /
Theck No. JAN 31			Arthur Smith	1	
Theck No. JAN 31	 56		Arthur Smith Print or Type Name		
Sy: JAN 31 FOR SECRETARY OF STATE	56		Arthur Smith Print or Type Name President		