



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>9975</b>		2. Exact name of the Corporation <b>Seaview Transportation Company, Inc.</b>					
3. Principal office address <b>25 Compass Circle</b>				City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
4. Business Phone No. <b>(401) 295-1233</b>				5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Operation of a private industrial railroad transportation enterprise</b>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <b>Bruce Hamilton</b>				Vice-President Name <b>Bruce Hamilton</b>			
Street Address <b>270 Railroad Avenue</b>				Street Address <b>270 Railroad Avenue</b>			
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>		City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	
Secretary Name <b>Bruce Hamilton</b>				Treasurer Name <b>Bruce Hamilton</b>			
Street Address <b>270 Railroad Avenue</b>				Street Address <b>270 Railroad Avenue</b>			
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>		City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name <b>Bruce Hamilton</b>				Director Name <b>None</b>			
Street Address <b>270 Railroad Avenue</b>				Street Address <b>None</b>			
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>		City <b>None</b>	State <b>None</b>	Zip <b>None</b>	
Director Name <b>None</b>				Director Name <b>None</b>			
Street Address <b>None</b>				Street Address <b>None</b>			
City <b>None</b>	State <b>None</b>	Zip <b>None</b>		City <b>None</b>	State <b>None</b>	Zip <b>None550</b>	
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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				550	Common	\$1.00	

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.

File Date **FILED**

Check No **FEB 08 2012**

By: **By [Signature]**

FOR SECRETARY OF STATE USE ONLY

Form No. 630 **CV# 013721**  
 Revised: 01/2012

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]** 02/01/2012  
 Signature of Authorized Representative **PRES.** Date

**Bruce Hamilton**  
 Print or Type Name of Authorized Representative