



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.**

* 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. 121059		2. Name of Corporation BARLOW FISHERIES, INC.	
3. Street Address Principal Business Office 64 PINOAK DRIVE			City EXETER
			State RI
			Zip 02822
4. Business Phone No. (401) 789-5600		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name EINAR H. BARLOW		Vice President Name EINAR H. BARLOW	
Street Address 64 PINOAK DRIVE		Street Address 64 PINOAK DRIVE	
City EXETER	State RI	City EXETER	State RI
Zip 02822		Zip 02822	
Secretary Name EINAR H. BARLOW		Treasurer Name EINAR H. BARLOW	
Street Address 64 PINOAK DRIVE		Street Address 64 PINOAK DRIVE	
City EXETER	State RI	City EXETER	State RI
Zip 02822		Zip 02822	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name EINAR H. BARLOW		Director Name NONE	
Street Address 64 PINOAK DRIVE		Street Address	
City EXETER	State RI	City	State
Zip 02822		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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 100	Class/Series COMMON
			Par Value NO PAR VALUE

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.

FILED

File Date FEB 21 2012
Check No. 7256
By: _____
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.

Signature Einar H. Barlow Date 2/14/12
EINAR H. BARLOW
Print or Type Name
PRESIDENT
Title