



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. 143263		2. Name of Corporation SILHOUETTE TRAWLERS, INC.			
3. Street Address Principal Business Office P.O. BOX 764			City WAKEFIELD	State RI	Zip 02880
4. Business Phone No. 401-782-1330		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island OWN, OPERATE AND OTHERWISE DEAL WITH OCEAN GOING VESSELS AND CONDUCT OPERATIONS IN THE SEAFOOD BUSINESS.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ERIC E. REID			Vice President Name NONE		
Street Address P.O. BOX 764			Street Address		
City WAKEFIELD	State RI	Zip 02880	City	State	Zip
Secretary Name ERIC E. REID			Treasurer Name ERIC E. REID		
Street Address P.O. BOX 764			Street Address P.O. BOX 764		
City WAKEFIELD	State RI	Zip 02880	City WAKEFIELD	State RI	Zip 02880
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ERIC E. REID			Director Name		
Street Address P.O. BOX 764			Street Address		
City WAKEFIELD	State RI	Zip 02880	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			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.

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
ERIC E. REID

Print or Type Name
PRESIDENT

Title

Date
15 May 12

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 27 2012

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