



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. <u>542274</u>		2. Exact name of the Corporation <u>Abundant Fisheries</u>		
3. Principal office address <u>816 South Rd.</u>		City <u>S. Kingstown</u>	State <u>RI</u>	Zip <u>02879</u>
4. Business Phone No. <u>401-651-0405</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Commercial Fishing Vessel</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>Keith Chasse</u>		Vice-President Name <u>Kathryn Chasse</u>		
Street Address <u>816 South Rd.</u>		Street Address <u>816. South Rd.</u>		
City <u>S. Kingstown</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>S. Kingstown</u>	State <u>RI</u>
Secretary Name <u>none</u>		Treasurer Name <u>none</u>		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>none</u>		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 <u>100</u>		CLASS/SERIES <u></u>		PAR VALUE <u>1.01</u>

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 SECRETARY OF STATE
 CORPORATIONS DIV

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 _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
FEB 21 2013

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 of Authorized Representative [Signature] Date 2/20/13
 Print or Type Name of Authorized Representative Keith Chasse

BY [Signature]
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