



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 **2013**

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. 76309		2. Exact name of the Corporation J. C. GREENE FISHING, INC			
3. Principal office address 115 AARON AVENUE		City BRISTOL	State RI	Zip 02809	
4. Business Phone No. 401-253-8964		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island COMMERCIAL FISHING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JONATHAN C. GREENE			Vice-President Name JOAN GREENE		
Street Address 38 BEACH ROAD			Street Address 115 AARON AVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name CHARLES R. GREENE			Treasurer Name JONATHAN C. GREENE		
Street Address 115 AARON AVENUE			Street Address 38 BEACH ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JONATHAN C. GREENE			Director Name CHARLES R. GREENE		
Street Address 38 BEACH ROAD			Street Address 115 AARON AVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name JOAN GREENE			Director Name		
Street Address 115 AARON AVE			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
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
			100	ORDINARY	NPV

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: _____

FILED

MAR 21 2013

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.

Charles R. Greene 03/19/2013
 Signature of Authorized Representative Date

CHARLES R. GREENE
 Print or Type Name of Authorized Representative

By *mmc*
CR # 1873