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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 2014

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.	2. Exact name of the Corporation
125780	FRANCES FLEET, INC.

3. Principal office address	City	State	Zip
133 OLD TOWER HILL ROAD, STE. 1	WAKEFIELD	RI	02879

4. Business Phone No.	5. State of Incorporation
789-0217	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF OPERATING A CHARTER BOAT

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
FRANCIS W. BLOUNT, JR.	PO BOX 3724	PEACE DALE	RI	02883

Vice-President Name	Street Address	City	State	Zip
CHRISTINE BLOUNT	PO BOX 3724	PEACE DALE	RI	02883

Secretary Name	Street Address	City	State	Zip
CHRISTINE BLOUNT	PO BOX 3724	PEACE DALE	RI	02883

Treasurer Name	Street Address	City	State	Zip
FRANCIS W. BLOUNT, JR.	PO BOX 3724	PEACE DALE	RI	02883

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
CHRISTINE BLOUNT	PO BOX 3724	PEACE DALE	RI	02883

Director Name	Street Address	City	State	Zip
FRANCIS W. BLOUNT, JR.	PO BOX 3724	PEACE DALE	RI	02883

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	COMMON	NO PAR

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
JAN 17 2014
BY 2321

File Date _____
Check No _____
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.

Christine Blount 1/14/14
Signature of Authorized Representative Date

CHRISTINE BLOUNT, SECRETARY
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

101715-2-931652