

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 _

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.

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1. Entity ID No.	1	me of the Corporation				
71207	F/V Ja _l	F/V Japa Jac II, Inc.				
·			10:	lo: .		
3. Principal office address 51 Queens River Drive			City West Kingston	State RI	^{Zip} 02892	
4. Business Phone No.			5. State of Incorporation Rhode Island			
6. Brief description of the cha To catch and sell fish			d			
7. LIST ALL OFFICERS (NA	MES AND ADDI	RESSES) ("X" BOX FOR A	TTACHMENT)	al le 151 à l'Establiques des décedes		
President Name Louis R. Fusco			Vice-President Name Louis A. Fusco			
Street Address 51 Queens River Drive			Street Address 1543 Commodore Perry Memorial Highway			
City West Kingston	State RI	Zip 02892	City Wakefield	State RI	Zip 02879	
Secretary Name Janice L. Fusco			Treasurer Name Janice L. Fusco			
Street Address 51 Queens River Drive			Street Address 51 Queens River Drive			
City West Kingston	State RI	Zip 02892	City State RI		Zip 02892	
B. LIST <u>ALL</u> DIRECTORS (N	AMES AND ADI	RESSES) ("X" BOX FOR				
Director Name Louis R. Fusco			Director Name Louis A. Fusco			
Street Address 51 Queens River Drive			Street Address 1543 Commodore Perry Memorial Highway			
City West Kingston	State RI	Zip 02892	City Wakefield	State RI	Zip 02879	
Director Name Janice L. Fusco			Director Name			
Street Address 51 Queens River Drive	e		Street Address			
City West Kingston	State RI	Zip 02892	City	State	Zip	
). SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Philadelphia in annount of second to the Cather of the		- 04444b 0	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.			999	common	no par value	
This report must be executed	on behalf of the	corporation by an authorize st be experied up behalf of	ed representative. If the co	orporation is in the hand ceiver or trustee	s of a receiver or trustee,	
File Date	Ino rep	MAR 1 1 2014	Under penalty of per this report, including	rjury, i declare and affi	rm that I have examined chedules and statements, re true and correct.	
By:		2781	Signature of Authoriz	ed Representative	Date	
FOR SECRETARY OF STATE USE ONLY			Janice L. Fusco, Secretary			
orm No. 630			Print or Type Name of Authorized Representative			

Form No. 630 Revised: 01/2012