



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. 116260		2. Exact name of the Corporation WALLABY FISHERIES INC.		
3. Principal office address 80 HALF MOON TRAIL		City WAKEFIELD	State RI	Zip 02879
4. Business Phone No. (401) 789-2371		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island CONTRACTING				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒				
President Name TREVOR K. DALEY		Vice-President Name CHRISTINE DALEY		
Street Address 80 HALF MOON TRAIL		Street Address 80 HALF MOON TRAIL		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI
Secretary Name CHRISTINE DALEY		Treasurer Name TREVOR DALEY		
Street Address 80 HALF MOON TRAIL		Street Address 80 HALF MOON TRAIL		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☒		
		NUMBER OF SHARES 600	CLASS/SERIES NO PAR VALUE	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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

Date

TREVOR R. DALEY PRES
Print or Type Name of Authorized Representative