RI SOS Filing Number: 201445320720 Date: 09/04/2014 1:33 PM

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.	2. Exact name of the Corporation			
85649	**Deep Sea Holdings, Inc.**			
3. Principal office address **P.O. Box 764**		City **Wakefield**	State **RI**	Zip **02880**
4. Business Phone No. **401-782-1330**		5. State of Incorporation **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island **To AQUIRE BY PURCHASE, EXCHANGE, LEASE OR OTHERWISE AND TO OWN, HOLD, DEVELOP, OPERATE, SELL, ASSIGN, DEAL IN AND WITH REAL AND PERSOANL PROPERTY**				

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

President Name **ERIC E. REID**			Vice-President Name **NONE**		
Street Address **P.O. BOX 764**			Street Address		
City **WAKEFIELD**	State **RI**	Zip **02880**	City	State	Zip
Secretary Name **ERIC E. REID**			Treasurer Name **ERIC E. REID**		
Street Address **P.O. BOX 764**			Street Address **P.O. BOX 764**		
City **WAKEFIELD**	State **RI**	Zip **02880**	City **WAKEFIELD**	State **RI**	Zip **02880**

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

Director Name **ERIC E. REID**			Director Name		
Street Address **P.O. BOX 764**			Street Address		
City **WAKEFIELD**	State **RI**	Zip **02880**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

2014 SEP -4 PM 1:33 SECRETARY OF STATE CORPORATIONS DIV

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	CLASS/SERIES	PAR VALUE
	A/VOTING	NO PAR VALUE
	B/NON-VOTING	

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.

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.

04 Sep 14
Signature of Authorized Representative / Date

ERIC E. REID - PRESIDENT
Print or Type Name of Authorized Representative

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

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SEP 04 2014
BY 231587
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Form No. 630
Revised: 01/2012

110711-3-966137