



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **100200** 2. Name of Corporation **Captain Bret's Tattoo Shop, Inc**  
3. Street Address Principal Business Office **2 COLLINS ST.** City **Newport** State **RI** Zip **02840**  
4. Business Phone No. **846-4488** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6882**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Tattoo Shop**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Bret Lohnes** Vice President Name **NONE**  
Street Address **49 McCormick Rd** Street Address  
City **Newport** State **RI** Zip **02840** City State Zip  
Secretary Name **Bret Lohnes** Treasurer Name **Bret Lohnes**  
Street Address **49 McCormick Rd.** Street Address **49 McCormick Rd**  
City **Newport** State **RI** Zip **02840** City **Newport** State **RI** Zip **02840**

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **NONE** Director Name **NONE**  
Street Address Street Address  
City State Zip City State Zip  
Director Name **NONE** Director Name **NONE**  
Street Address Street Address  
City State Zip City State Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES **0** NONE  
Number of Shares Class/Series Par Value  
**100 NO PAR VALUE** NONE

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES **NONE**  
Number of Shares Class/Series Par Value  
**NONE NONE NONE**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 0 2 0 0 \*

File Date: **5-6-02**

Check No.: **985**

By: **[Signature]**

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.

**[Signature]** **3-1-2002**

Signature of Officer **Bret A. Lohnes** Date

Print or Type Name of Officer **President**

Title of Officer