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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(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.: 401-846-4488
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6882
7. Brief Description of the Character of Business Conducted in Rhode Island: TATTOOING

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

President Name: Bret A. Lohnes
Street Address: 49 McCormick Rd
City: Newport *State*: RI *Zip*: 02840

Vice President Name:
Street Address: NONE
City *State* *Zip*

Secretary Name: Bret A. Lohnes
Street Address: 49 McCormick Rd
City: Newport *State*: RI *Zip*: 02840

Treasurer Name: Bret A. Lohnes
Street Address: 49 McCormick Rd
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
Street Address
City *State* *Zip*

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

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

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

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
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: 1/4
Check No.: 792
By: JL

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.

Bret A. Lohnes — 1-1-2001
Signature of Officer *Date*

Bret A. Lohnes
Print or Type Name of Officer

Pres.
Title of Officer

Form 630 12/00