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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

100 R. main st Prov RI 02903

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 A. Lohnes
Street Address 49 McCormick rd.
City Newport *State* RI *Zip* 02840

Vice President Name None
Street Address
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 None
Street Address
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 None

Number of Shares	*Class/Series*	*Par Value*

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: 2/16/00

Check No.: 630

By: Lc

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 2-15-2a
Signature of Officer *Date*

Bret A. Lohnes
Print or Type Name of Officer

Pres.
Title of Officer

Form 630 12/96