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 1999

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: 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: Bret A. Lohnes
Street Address: 49 McCormick rd.
City: NEWPORT State: RI Zip: 02840

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

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

Director Name:
Street Address:
City: State: Zip:

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

AUTHORIZED SHARES
Number of Shares: 100 NO PAR VALUE Class/Series: 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: Feb 1, 99

H.O. Check No.: 6986697384 3-028405

By: JD

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 of Officer: Bret A. Lohnes Date: 1-28-99

Print or Type Name of Officer: Bret A. Lohnes

Title of Officer: President, Director, Treasurer, Secretary.