



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 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **92600**
2. Name of Corporation **A & F CHARTER SERVICES, INC.**
3. Street Address Principal Business Office
11 TYLER POINT ROAD
4. Business Phone No. **245-6121**
5. State of Incorporation **RHODE ISLAND**

City **BARRINGTON** State **RI** Zip **02806**
6. SIC Code **9837**

7. Brief Description of the Character of Business Conducted in Rhode Island
CHARTER BOAT SERVICES

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

President Name **ALFRED C. ELSON**
Street Address **11 TYLER POINT ROAD**
City **BARRINGTON** State **RI** Zip **02806**

Vice President Name **FREDERIC C. ELSON**
Street Address **9 BARTON AVENUE**
City **BARRINGTON** State **RI** Zip **02806**

Secretary Name **ALFRED C. ELSON**
Street Address **11 TYLER POINT ROAD**
City **BARRINGTON** State **RI** Zip **02806**

Treasurer Name **FREDERIC C. ELSON**
Street Address **9 BARTON AVENUE**
City **BARRINGTON** State **RI** Zip **02806**

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

Director Name **ALFRED C. ELSON**
Street Address **11 TYLER POINT ROAD**
City **BARRINGTON** State **RI** Zip **02806**

Director Name **FREDERIC C. ELSON**
Street Address **9 BARTON AVENUE**
City **BARRINGTON** State **RI** Zip **02806**

Director Name **NONE**
Street Address

Director Name **NONE**
Street Address

City **State Zip**

City **State Zip**

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

AUTHORIZED SHARES
Number of Shares **1,000 NO PAR VALUE** Class/Series Par Value

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

ISSUED SHARES
Number of Shares **400** Class/Series **COMMON** Par Value **NO PAR VALUE**

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



* 9 2 6 0 0 *

File Date: 2-26-03

Check No.: 1117

By: AP

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.

Alfred C. Elson 2-7-03
Signature of Officer Date

ALFRED C. ELSON, President
Print or Type Name of Officer

Title of Officer