



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 3500		2. Name of Corporation CAP, Inc.			
3. Street Address Principal Business Office 769 North Main Road			City Jamestown	State RI	Zip 02835
4. Business Phone No. 401-423-2741		5. State of Incorporation RHODE ISLAND			6. SIC Code 2246
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS OF PROCURING FISH AND OTHER PRODUCTS OF THE SEA					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul N. Harvey			Vice President Name Wendy S. Harvey		
Street Address 769 North Main Road			Street Address 769 North Main Road		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Wendy S. Harvey			Treasurer Name Paul N. Harvey		
Street Address 769 North Main Road			Street Address 769 North Main Road		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul N. Harvey			Director Name		
Street Address 769 North Main Road			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		600	common	no par value

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



File Date 2/1/05  
Check No. 1688  
By: DA  
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.

Paul N. Harvey 1/2/05  
Signature of Officer Date  
Paul N. Harvey  
Print or Type Name of Officer  
President  
Title of Officer