



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED 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  
**the business of procuring fish and other products of the sea**

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

President Name <b>Paul N. Harvey</b> Street Address <b>769 North Main Road</b> City <b>Jamestown</b> State <b>RI</b> Zip <b>02835</b>	Vice President Name <b>Wendy S. Harvey</b> Street Address <b>769 North Main Road</b> City <b>Jamestown</b> State <b>RI</b> Zip <b>02835</b>
Secretary Name <b>Wendy S. Harvey</b> Street Address <b>769 North Main Road</b> City <b>Jamestown</b> State <b>RI</b> Zip <b>02835</b>	Treasurer Name <b>Paul N. Harvey</b> Street Address <b>769 North Main Road</b> City <b>Jamestown</b> State <b>RI</b> Zip <b>02835</b>

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

Director Name <b>Paul N. Harvey</b> Street Address <b>769 North Main Road</b> City <b>Jamestown</b> State <b>RI</b> Zip <b>02835</b>	Director Name  Street Address  City  State  Zip
Director Name  Street Address  City  State  Zip	Director Name  Street Address  City  State  Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series 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



\* 3 5 0 0 \*

File Date: 3.26.02

Check No.: 2187

By: [Signature]

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 3/14/02  
Signature of Officer Date

**Paul N. Harvey**  
Print or Type Name of Officer

**President**  
Title of Officer