



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
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) <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 SHARES 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

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
Signature of Officer Date

Paul N. Harvey
Print or Type Name of Officer

President
Title of Officer

File Date: 3-28-01

Check No.: 1396

By: [Signature]

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