



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 2000

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 City State Zip
769 North Main Road Jamestown RI 02835
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 423-2741 RHODE ISLAND 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 Paul N. Harvey Street Address 729 North Main Road City State Zip Jamestown RI 02835 Secretary Name Paul N. Harvey Street Address 769 North Main Road City State Zip Jamestown RI 02835	Vice President Name Paul N. Harvey Street Address 769 North Main Road City State Zip Jamestown RI 02835 Treasurer Name Paul N. Harvey Street Address 769 North Main Road City State Zip Jamestown RI 02835
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Paul N. Harvey Street Address 769 North Main Road City State Zip Jamestown RI 02835	Director Name Street Address City State Zip Director Name Street Address City State Zip
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
600 SHS NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
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: 4/5/00

Check No.: 8317

By: [Signature]

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 3/20/00
Signature of Officer Date

Paul N. Harvey
Print or Type Name of Officer

President
Title of Officer