



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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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 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)

President 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
Secretary 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

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

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 	Director Name Street Address City State Zip

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

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

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

ISSUED 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



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File Date: 3.16.98

Check No.: 9365

By: HP

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 Harvey 1/15/98
Signature of Officer Date

Paul N. Harvey
Print or Type Name of Officer

President
Title of Officer