

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

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 CODE 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**

PRESIDENT NAME Paul N. Harvey  
VICE PRESIDENT NAME Paul N. Harvey  
STREET ADDRESS 769 North Main Road  
CITY Jamestown STATE RI ZIP CODE 02835  
SECRETARY NAME Paul N. Harvey  
TREASURER NAME Janet Taylor  
STREET ADDRESS same as above  
CITY Jamestown STATE RI ZIP CODE 02835

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME Paul N. Harvey  
STREET ADDRESS 769 North Main Road  
CITY Jamestown STATE RI ZIP CODE 02835

**10. SHARES AUTHORIZED AND ISSUED**

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR VAL		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.

File Date: 1/24/96  
Check No: 7393  
By: [Signature]  
For Secretary of State Use Only

[Signature]  
Signature of Officer  
Paul N. Harvey  
Print or Type Name of Officer  
President  
Title of Officer  
Date