STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
64300	OVERLAND SMALL BOAT MOVERS, INC.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
72 Nichols Road		North Kingstown	RI	02852
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
	Rhode Island			8896

7. Brief Description of the Character of Business Conducted in Rhode Island
Boat Hauling

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

President Name			*Vice President Name*		
Rowland P. Bowen					
Street Address			*Street Address*		
72 Nichols Road					
City	*State*	*Zip*	*City*	*State*	*Zip*
North Kingstown	RI	02852			
Secretary Name			*Treasurer Name*		
Patricia A. Bowen			Rowland P. Bowen		
Street Address			*Street Address*		
72 Nichols Road			72 Nichols Road		
City	*State*	*Zip*	*City*	*State*	*Zip*
North Kingstown	RI	02852	North Kingston	RI	02852

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

Director Name			*Director Name*		
Rowland P. Bowen					
Street Address			*Street Address*		
72 Nichols Road					
City	*State*	*Zip*	*City*	*State*	*Zip*
North Kingston	RI	02852			
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
600	Common	No par

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	No Par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] [barcode] 64300 [redacted]

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.

Rowland P. Bowen — *Signature of Officer* — *Date*

Rowland P. Bowen
Print or Type Name of Officer

[redacted] President
Title of Officer

Pres.

Form 630 12/01

File Date 2/17/05
Check No. 26031
By: VA.
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